



Child Appointments Log:

INSURANCE EFFECTIVE DATES: _____

Co-payment: _____ Deductible: _____

Number of Visits Allowed by primary insurance:

PT: _____

Number of visits allowed by Secondary insurance:

PT: _____

Authorization Required: YES NO For: PRIMARY INSURANCE SECONDARY INSURANCE

Visits allowed through Authorization (units/sessions): _____

(Please be aware that if the authorization is in units, 15 minutes equals 1 unit of service. We provide our sessions for 1 hour on a one on one basis as tolerated by the child, for no longer than 1 hour or 4 units of care.)

Physical Therapy

1.	2.	3.	4.	5.	6.
7.	8.	9.	10.	11.	12.
13.	14.	15.	16.	17.	18.
19.	20.	21.	22.	23.	24.
25.	26.	27.	28.	29.	30.
31.	32.	33.	34.	35.	36.
37.	38.	39.	40.	41.	42.
43.	44.	45.	46.	47.	48.
49.	50.	51.	52.	53.	54.
55.	56.	57.	58.	59.	60.

TOTAL VISITS USED: _____

Therapist Signature: _____ Date: _____

Parent/Guardian Signature: _____ Date: _____