



The Speech, Language & Learning Center
Terri P. Flynn, MS., CCC-SLP
1511 Nashville Hwy, Ste A, Columbia, TN 38401
P.O. Box 96, Lawrenceburg, TN 38464

Patient Information

Patient Name _____ Name patient goes by _____
Sex: M F DOB _____ SS# _____
Who does patient live with? _____
Primary Care Physician _____ Phone # _____
Mother/Guardian _____ DOB _____ SS# _____
Address _____
Occupation _____ Employer _____ Phone # _____
Father/Guardian _____ DOB _____ SS# _____
Address _____
Occupation _____ Employer _____ Phone # _____

Person Responsible for Bill/Payments

Party Responsible for Payment of Services ___ Father ___ Mother ___ Guardian ___ Other _____
Who referred you to our office? _____

Insurance Information

Insurance Company _____ Is this through an employer YES NO
Policy Holder Name _____ ID# _____
Secondary Insurance _____ Is this through an employer YES NO
Policy Holder Name _____ ID# _____

How will you be paying deductibles and co-payments?

CASH CHECK CREDIT CARD

Please read and sign the attached "SLLC Terms of Agreement" Form

Please notify us as any of the above information changes. This form is what we will refer to if we need to reschedule or cancel an appointment. If we have questions for you regarding your insurance or billing matters, we may call the phone numbers listed above. If there are any other numbers you feel our office should have, please tell the Office Manager.

Please complete and mail before your appointment