

SCS
Southwest Therapy and Rehabilitation Services STARS
19015 Jodi Road
Mokena, IL 60448
Phone 708-478-1414
Fax 708-478-7786

Standard Therapy Services
Initial and Returning Client Paperwork Checklist

Patient Name: _____ DOB: _____

Form of payment/ Name of Insurance: _____

1. Received prescription _____
2. Received *Medical Billing* information _____
3. Received *Client Information* sheet _____
4. Received copy of insurance card (front and back) _____
5. Received information regarding secondary insurance _____
6. Received precertification information _____

7. Signed *Statement of Financial Responsibility* form _____
8. Signed *Standard Photo Release* form _____
9. Signed *Request for Information* form _____
10. Signed *Cancellation and No Show Policy* form _____
11. Signed *Acknowledgement of Receipt of Privacy* form _____

12. Given: *Cancellation and No Show Policy* copy _____
13. Given: *Notice of Privacy Practice* copy _____
14. Given: *General Information* copy _____

Completed on first date of services (date): _____

SCS – Southwest Therapy and Rehabilitation Services STARS representative's signature: _____