

Southwest Community Services
SOUTHWEST THERAPY AND REHABILITATION SERVICES
STARS

19015 Suite A Jodi Rd
Mokena, IL 60448
Phone 708-478-1414 x 206
Fax 708-478-7786

Medical Billing Information

Client's Full Name: _____ DOB: _____

Client's SS#: _____ Client's Diagnosis: _____

Client's Address: _____

Parents/Guardians: _____ (relationship): _____

_____ (relationship): _____

Phone Numbers: *please include all numbers and who the number contacts*

_____ (home)

_____ (work)

_____ (cellular)

Who referred you to this facility? _____

Primary Doctor (*The physician who has completed or will complete the prescription for services*):

Name: _____

Address: _____

Phone: _____ Fax: _____

Primary Insured's Name: _____ SS#: _____

Address: _____ DOB: _____

Insurance Company Name: _____

Policy #: _____ Group #: _____

Employer Name: _____

Please provide a copy of the insurance card (front and back)