595 Millich Dr Suit 105
Campbell, CA 95008
Phone: 1.408.379.0245

Billing Information

Child's Name: _____ Date of Birth: _____Gender: M F

Parent's Name: _____

Billing Address: _____

City: _____ Zip Code: _____

Phone Number: _____

Email Address: _____

Name of Primary Insured: _____ Date of Birth: _____Gender: M F

Bird-Kern-Dalmia will process insurance claims for in-network clients only; if you are in-network, please attach a copy of your insurance card. Out-of-network clients are responsible for processing their insurance claims; if you are out of network, please circle this yes if you would like an insurance form included with your monthly statement.

Financial Responsibility Statement

I acknowledge that if my insurance does not pay for services, for any reason, I am financially responsible and will pay in full for all services provided.

Signature: _____ Date: _____

Privacy Policy Statement

I acknowledge I have received a copy of Bird-Kern-Dalmia & Associates Privacy Policy.

Signature: _____ Date: _____

For clinic use

Therapist: _____

Diagnosis: _____

_____