RLA
SPEECH, LANGUAGE, LEARNING

Reading and Language Associates
7935 East Prentice Ave Suite 104
Greenwood Village, CO. 80111
303-756-0280 Ex. 102
Fax: 303-756-6059

Date:_____

Child's First Name:_____ Child's Last Name:_____

Birthdate:_____

Address:_____ Phone:_____

City_____State:_____Zip:_____

Mother's Name:_____Phone:_____

Father's Name:_____Phone:_____

Child Lives With:_____

Address of Parent if different from above:

Address:_____ Phone:_____

City_____ State:_____ Zip:_____

Email Address: _____

Additional email address: _____

School:_____Teacher:_____

Address: _____Grade:_____

Pediatrician:_____

Referred by:_____

Siblings and age:_____

_____

Ruth Levisohn & Associates (Reading and Language Associates) is a sole practitioner who shares office space at the Neuro- Developmental Center (NDC). NDC is a group of five independent practitioners who each have their own independent businesses. NDC exists only as an office sharing arrangement that has been created for the convenience of clients who wish to seek diverse services in one location. NDC is not a group practice or a partnership. The practitioners do not supervise each other and have no responsibility for each other's practices or for each other's employees, renters or for any other professional who rents space. Each person operates separately, legally and for tax purposes, without direction from any other person and subject to the ethical standards of his or her respective profession. The NDC office sharing arrangement includes Dr. Nancy Gary, Psy.D., Kari Shanks Hall, M.A., OTR, Dr. Robin McEvoy, PHD., Ruth Levisohn, M.A. SPL.CCC and Michelle Moore M.ED.

In addition, please recognize that all involved have separate businesses and have different policies and insurance billing practices. Please be sure to check policy forms for billing information for each individual provider. Payment for evaluations is due at the time of service and charges will be discussed with you before your appointment. You will be provided with a payment contract if you decide to receive therapy in this office from Ruth Levisohn and Associates llc and it will be reviewed with you.

We are out of network for all insurance. We are not responsible for filing or collecting your insurance. Payment for evaluations is due at the time of service.

I have read and understand the above information and have received a HIPPA privacy notice and understand that I am responsible for the costs of any services provided.

Printed Name:_____

Signature of Parent or Guardian:_____

Date:_____