

**OT by Roni Casser**

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[yourtherapyteam.com](http://yourtherapyteam.com)

Insurance Intake Information

**Patient Information**

Patient Name	
Date of Birth	
Address	
City, State ,Zip	
Home Phone	
Cell Phone	

**Insurance Information**

Insurance Company	
ID#	
Name of Insured	
Group#	
Member Service Phone #	
Relation to Insured	