



Speech & Language Therapy Services

609 N. Main St., Suite 106

Marion, SC

www.WrightTherapyGroup.com

Phone/Text/Fax 843.289.5211

info@WrightTherapyGroup.com

WHAT'S NEXT!

If you are interested in The Wright Therapy Group, LLC providing services for your little one, please do the following!

1. Obtain a referral/script from primary care provider.
2. Complete Intake Packet
 - a. Payment Policy & Fee Schedule
 - b. Consent to Obtain/Release Information Form
 - c. Patient Health Insurance Verification Form
 - d. Referral/Intake Form
 - e. Speech-Language-Hearing Case History Form
 - f. Consent for Services Providers
3. Provide copies of ALL insurance cards (front/back).
4. Provide copy of social security card/form/verification.
5. Review HIPAA Policy (MAINTAIN FOR YOUR RECORDS)

HOW TO OBTAIN AN INTAKE PACKET (choose one of the following)

*download the packet from www.WrightTherapyGroup.com ("FORMS" tab).

*request the packet via emailing info@WrightTherapyGroup.com.

*pick up the packet from 609 N. Main Street, Marion.

*ask your child's childcare director.

RETURN INTAKE PACKET VIA EMAIL, FAX, OR OFFICE DROP-OFF

(an outside drop box is available to utilize after hours)

**FEEL FREE TO CONTACT THE WRIGHT THERAPY GROUP, LLC
VIA PHONE IF YOU HAVE ANY QUESTIONS 843.289.5211**