



**Pinnacle Pediatric Therapy  
of Lakewood Ranch**

6215 Lorraine Road • Lakewood Ranch, FL • 34202 • (941) 755-1400

**Pinnacle Pediatric Therapy Group of Lakewood Ranch Interest Form**

Dear Parents,

The multi-disciplinary team of the *Pinnacle Pediatric Therapy Group of LWR* consists of therapists and tutors who provide treatment in speech and language, occupational therapy, motor skills, handwriting, sensory processing, anxiety, auditory processing, reading and math. Our Reading Clinic offers highly acclaimed research-based approaches including Orton-Gillingham, Fast ForWord™, and Reading Assistant™. The *Pinnacle Pediatric Therapy Group of LWR* team is available to provide services before, during, and after school. We will be happy to consult with you and your child’s teachers to determine the best treatment.

For more information about our speech, occupational, social-behavioral, and tutoring services or to meet our therapists, please go to [www.pinnacletherapy.net](http://www.pinnacletherapy.net) or call our office at 941-758-4707.

We are currently in-network with the insurance companies listed below:

Tricare	Speech, Occupational, ABA
Cigna / Allegiance	Speech, Occupational, ABA
United Health Care/Golden Rule	Applied Behavioral Analysis (ABA)
Medicaid and Wellcare CMS	Speech, Occupational
Wellcare CMS	Applied Behavioral Analysis (ABA)
Blue Cross Blue Shield	Speech, Occupational

If you are interested in individual or group therapy services, please complete the form below, and return to the front office or your child’s teacher. You will be contacted by our clinic staff to discuss service options. New clients will be required to complete an intake packet. If you are unsure of your child’s therapy/tutoring needs, we will review previous documents and consult with you to assess current needs.

Please check the appropriate statement below and fill in any services you are interested in.

\_\_\_ I am interested in obtaining more information about: \_\_\_\_\_

\_\_\_ I would like to receive a call at (time/date) \_\_\_\_\_

\_\_\_ I am interested in utilizing insurance. Insurance Company: \_\_\_\_\_

\_\_\_ I would like to privately pay for sessions and not utilize insurance.

\_\_\_\_\_  
*Parent/Legal Guardian’s Name Printed*

\_\_\_\_\_  
*Date*

\_\_\_\_\_  
*Email Address*

\_\_\_\_\_  
*Contact Phone Number*

\_\_\_\_\_  
*Child’s Name Printed*

\_\_\_\_\_  
*School/Grade*