



SPECTRUM Services

PO Box 10806 • Austin, TX 78766
8105 Shoal Creek Blvd., Ste. B • Austin, TX 78757
www.SpectrumSocial.net • Info@SpectrumSocial.net
Phone (512) 524-5482 • Fax (512) 524-1177

If your services are being funded by a third party payer whom we will bill for services, we must have this form (or a purchase order or official referral from the agency) along with our "Consent to Communicate" form completed and returned to our office before services can begin.
Email to: Info@SpectrumSocial.net or Fax to 512-524-1177.

Agency Information

Third Party Agency to Bill for Services: _____

Contact Name: _____ Phone: _____

Contact Email: _____ Fax: _____

Referral Submitted By (name): _____ Date Submitted: _____

Billing Address: _____

Client Information

Client Name: _____ DOB: _____ Gender: _____

Address: _____ City: _____ State: _____ Zip: _____

Parent / Guardian Name (if applicable): _____

Phone: _____ Email: _____

Service Information

Purchase Order / Contract #: _____ Client ID#: _____

Service(s) to be Provided: _____ Rate: _____

Start Date for Services: _____ End Date: _____ Frequency: _____

Other Note regarding services (i.e. alternate end date based on hours provided, service directions, etc.)

Reporting Requirements: _____

Special Requirements for Provider (i.e. license or credential requirements): _____

Special Instructions for Provider: _____

Contact Shanna Kemp with questions: Shanna@SpectrumSocial.net 512-913-7471

For Office Use Only

Notes: _____
