



# Beyond Speech Therapy

Longview, Carthage, Gilmer

911 Walnut Hill Drive Longview TX 75605

Office (903)309-3816 / Fax (888)245-6178

## 1. Physician / Prescribing Provider Orders & Referral ST/ OT/ FEEDING

Patient Name: \_\_\_\_\_

\*Last THSteps WELL- CHECK \_\_\_\_\_

Date of Birth: \_\_\_\_\_

\* THSteps verification maintained in patient record

Parent / Caregiver Name \_\_\_\_\_

Parent/ caregiver Phone Number \_\_\_\_\_

Primary Language

English  Spanish

## 2. \*Orders (Evaluate & Treat, frequency and duration per therapy plan of care)

Speech Therapy -Evaluate & Treat, frequency and duration per therapy plan of care

Occupational Therapy -Evaluate & Treat, frequency and duration per therapy plan of care

Feeding Therapy - Evaluate & Treat, frequency and duration per therapy plan of care

\*Therapy services to be provided in accordance with medical necessity and Texas Medicaid Guidelines

## 3. Reason for Referral

Diagnosis / Reason for Referral (ICD10 if known)

Reason/ Concern

## 4. HMO/ POS AUTHORIZATION INFORMATION (Private insurance ONLY- Not used for TX Medicaid)

Insurance Plan \_\_\_\_\_

OT - Dedria Bryan, OTR NPI# 1033390984

ST- Brenda Gillar, M.S., CCC-SLP, CAS NPI# 1063882033

Requested Start Date \_\_\_\_\_

Requested End Date \_\_\_\_\_

Visits requested \_\_\_\_\_

## 5. Prescribing Provider (Required)

Prescribing Name/ Title: \_\_\_\_\_

NPI \_\_\_\_\_

I certify that the requested evaluation & treatment services are medically necessary and ordered in accordance with Texas Medicaid guidelines. I attest that the Texas Health Steps checkup is current.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date