Medicaid Referral

SPEECH-LANGUAGE/OCCUPATIONAL THERAPY

Student Name: _____ DOB: _____ Conference Date: _____

Clinician/Therapist Name: _____ School Corporation:_____

Speech – Language

☐ Evaluation

☐ Treatment Services:

_____

☐ Other:

_____

Occupational Therapy

☐ Evaluation

☐ Treatment Services:

_____

☐ Other:

_____

Physical Therapy

☐ Evaluation

☐ Treatment Services:

_____

☐ Other:

_____

Precautions: _____

Additional Comments: _____

_____

Authorized Signature: _____

Print Name & Title: _____

National Provider Identifier (NPI) #: _____

Date: _____

July 15, 2013

Social Work Services

To be completed by a licensed physician or psychologist endorsed as a health service provider in psychology {HSPP).

Student Name: _____ Date of Birth: _____

Therapist/Medicaid-qualified Mid-Level Practitioner: _____

☐ I certify that I or a qualified mid-level practitioner conducted an initial intake/evaluation of the above named student within the past seven (7) days, that the student meets the criteria for social work services to be delivered as specified in the student's *Individualized Education Program* (IEP).

☐ I certify that, within ninety (90) days of intake or the most recent medical records review, I have reviewed the above-named student's medical information and the student continues to meet the criteria for social work services as specified in the student's IEP.

Authorized Signature: _____

Print Name/Title: _____

National Provider Identifier (NPI) #: _____

Date: _____

To find out if a referring physician/practitioner has an NPI:
Visit https://nppes.cms.hhs.gov/NPPES/NPIRegistryHome.do and enter the applicable search criteria for the individual practitioner.