Advance Plus Therapy Services, LLC
817 Southmore Avenue, Suite 100H
Pasadena, Texas 77502
Tele: 832-689-3797
Fax: 713-796-9037

# Physician Referral
# for Speech-Language Pathology

Patient Name: _____ Date of Birth: _____

Home Phone Number: _____ Other Phone Number: _____

Primary Insurance: _____ Member ID Number: _____

**Service(s) Requested (check all that apply):**

- ☐ Speech/Language Evaluation (92523)
- ☐ Speech/Language Treatment (92507)
- ☐ Speech Evaluation (92521)
- ☐ Cognitive-Communication Treatment (92507)
- ☐ Swallowing/Feeding Evaluation (92610)
- ☐ Swallowing/Feeding Treatment (92526)
- ☐ Fluency Evaluation (92521)
- ☐ Fluency Treatment (92507)
- ☐ Cognitive-Communication Evaluation-adults only (96125)
- ☐ Other (please specify): _____

Reason for Request: _____

_____

Relevant Medical History/Diagnosis/code: _____

_____

_____

Referring Physician's Name: _____

Address: _____

Phone Number: _____ Fax Number: _____

Physician's NPI: _____

_____ _____

Physician Signature/Professional Designation Date

**ACCEPTING: AMERIGROUP, TRADITIONAL MEDICAID, MOLINA, MEDICARE PART B**

**Thank You For Your Referral!**
**Allison Beckford M.A., CCC-SLP**
**Director of Speech and Language Pathology**

American Speech-Language-Hearing Association
Certified Member

Please fax form to: 713-796-9037