**Insurance Form:** Patient’s Name: **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

Prior to first visit at Communication and Feeding Specialists, LLC, we request you contact your insurance provider and to obtain a referral if necessary. Failure to do so may result in patient being responsible for payment of insurances due to insurance denials.

Please call the member services number on the back of your insurance card, and ask what your benefits are for outpatient speech-language therapy services. **Complete is form and bring to the Initial Evaluation**; please contact us with any questions regarding the process.

|  |  |
| --- | --- |
| Person you are speaking with: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Date of phone call: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Reference code for the phone call: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | **Communication and Feeding Specialists LLC**  8707 W North Ave Wauwatosa, WI 53226  phone: 414-208-0753  fax: 414-755-0774  **TIN:**  84-1829178  **NPI:** 548827249 |

# Is the treatment code covered? Speech Diagnostic Codes: Feeding Diagnostic Codes:

|  |  |  |
| --- | --- | --- |
|  | \_\_\_Auditory Processing d/o (H93.25)  \_\_\_ Artic/Phonological d/o (F80.0)  \_\_\_ Speech delay due to H (F80.4)  \_\_\_ Dysarthria. (R47.1)  \_\_\_ Expressive language d/o (F80.1)  \_\_\_ Mixed language (F80.2)  \_\_\_Autistic Disorder (F84.0)  \_\_\_ Asperger’s Syndrome (F84.5)  \_\_\_ Fluency Disorder (F80.81)  \_\_\_ Tongue Thrust (Q38.3)  \_\_\_ Apraxia (R48.2)  \_\_\_ Voice/resonance d/o (R49.\_\_)  \_\_\_ Other | \_\_\_Feeding Difficulties (R63.3)  \_\_\_ Regurgitation/Rumination -NB (P92.1)  \_\_\_ Slow Feeding -NB (P92.2)  \_\_\_Other Feeding Probs. -NB (P92.8)  \_\_\_Feeding d/o (F98.29)  \_\_\_FTT (R62.51)  \_\_\_GERD (K21.9)  \_\_\_Oral phase-Dysphagia (R13.11)  \_\_\_Constipation (K59.00)  \_\_\_Facial Weakness (R29.810)  \_\_\_Tongue Tie (Q38.1)  \_\_\_Food Allergy: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  \_\_\_Premature (grams): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  \_\_\_ Other |
| Evaluation: speech and Language (92523) |
| Individual Therapy (92507) |
| Swallow Eval. (92610) |
| Swallow Therapy (92526) |
|  |
|  |
|  |

# How often and how many sessions are covered? \_\_\_\_\_\_\_\_\_\_\_

Are there any exclusion or limitation factors? List **or** provide copy of “Explanation of Benefits” (e.g. not covered unless due to accident, surgery, illness) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

How often is a re-evaluation or evaluation covered? □ Every 6 months □ Every 12 Months

Is a written physician’s ordered required? □Yes □No

How often is an updated physician’s order required? □Not required □\_\_\_\_Days □ \_\_\_\_ Months

Is Preauthorization require? \_\_\_, code (if applicable) \_\_\_\_\_\_\_\_\_\_\_\_\_\_. If so what is documentation is require and where can information be sent or faxed: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_.

If provider needs to call, direct number to call and request authorization : \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Or Insurance Provider will fax instructions for pre-auth directly to CFS: □

|  |  |  |  |
| --- | --- | --- | --- |
|  | **IN Network** |  | **OUT Network** |
| **Copay/Co-insurance:** |  |  |  |
| **\*\*Deductible:** |  |  |  |
| **Coverage:** |  |  |  |
| **Life Max** |  |  |  |

\*\* The **deductible** is the amount you pay for covered health care services before your insurance plan starts to pay. With a $2,000 deductible, for example, you pay the first $2,000 of covered services yourself. Services will be billed at the contracted rate of your individual insurance plan. These rates are not determined by Communication and Feeding Specialists, LLC.