

HEALTHCHOICE

SPEECH THERAPY TREATMENT INFORMATION

3545 NW 58th Street, Suite 500 -- Oklahoma City, Oklahoma 73112

Phone 1-800-543-6044 or 1-405-717-8879

Fax # 1-405-717-8935 or 1-405-717-8947

This Information is private and confidential.

Date _____

Speech Therapist _____

Address _____

Physician _____

Contact Person _____

Phone _____ Fax # _____

Patient _____ DOB _____

Member's Name _____ Member's ID# _____

Diagnosis _____

Summary Progress Towards Current ST Goals _____

New S.T. Goals _____

Evaluation Dates Initial Evaluation _____ 1st Evaluation _____

2nd Evaluation _____

Total Treatments to Date _____ 3rd Evaluation _____

Request for Additional Treatments # of Treatments _____

Frequency of Treatments _____

Dates for Additional Treatments Beginning Date _____ Ending Date _____

***** **FOR HCMD USE ONLY (Do Not Write Below This Line)** *****

Ext. #1 -- # of Treatments Approved _____ Start Date _____ Ending Date _____

Approved By _____ Date _____

Ext. #2 -- # of Treatments Approved _____ Start Date _____ Ending Date _____

Approved By _____ Date _____

COMMENTS _____

These benefits are applicable only if the patient is eligible for the Employees Group Insurance program and are subject to **ALL POLICY PROVISIONS**. Please remember to verify benefits and eligibility by calling 1-800-782-5218.

MEDICARE PATIENTS: If the Employees Group Insurance Program is supplement, all services requested must be approved by Medicare.

Rev. April, 2008