



Physical Therapy Referral Form

Instruction for Member:

Please call **Smith Therapy Partners** for an appointment for any **Physical Therapy Referral** or **Pediatric Orthopedic Therapy Referral** at 725-726-7847.

Pediatric Referrals should be sent to any of the following groups, members can contact the group directly for scheduling:

Let's Talk Therapy Services	First Physical Therapy	Dream Therapies
Speak Easy Therapy Services	Motivated Kids	Cure 4 the Kids
Affiliated/Optimal Therapy		Therapy Management

For all **Pediatric Neurodevelopmental and Torticollis Physical Therapy** please submit a **Prior Authorization Request** via the **SilverSummit Online Prior Auth Portal** at:

<https://www.silversummithealthplan.com/providers/preauth-check/medicaid-pre-auth.html>

Instructions for Provider:

Please Fax Referral to 725-726-7876 or Secure Email - referrals@stplv.com

Patient Name: _____ DOB: _____

Patient Address: _____

Patient Phone: (Home) _____ (Mobile) _____

Primary Insurance: _____ Policy ID#: _____

Secondary Insurance: _____ Policy ID#: _____

Medical Diagnosis: _____ ICD-10 Code: _____

Evaluate and Treat: _____

Referring Physician's Name/Specialty: (Please Print) _____

Referring Physician's NPI #: _____

Physician's Address: _____

Office Telephone: (_____) _____ Office Fax: (_____) _____

For Medicaid Patient's Only: Referring CLINIC NPI # _____

Referring Physician's Signature: _____ Date: _____