



## 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 Neurodevelopmental** and **Torticollis Referrals** should be sent to any of the following groups, members should contact the group directly for scheduling:

- Speak Easy
- Let's Talk
- Affiliated/Optimal
- My Left Foot

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: \_\_\_\_\_