



### PHYSICIAN PRESCRIPTION AND REFERRAL FORM

<b>REQUESTING FOR THERAPIST TO EVALUATE AND TREAT IF RECOMMENDED</b>	
<input type="checkbox"/> <b>SPEECH &amp; LANGUAGE / FEEDING THERAPY</b>	
<input type="checkbox"/> <b>PHYSICAL THERAPY</b>	<input type="checkbox"/> <b>OCCUPATIONAL THERAPY</b>
<input type="checkbox"/> <b>DAYTIME</b>	<input type="checkbox"/> <b>AFTER SCHOOL</b>

PATIENT NAME: \_\_\_\_\_ DOB: \_\_\_/\_\_\_/\_\_\_  
CHILD SPEAKS: \_\_\_ ENGLISH \_\_\_ SPANISH \_\_\_ OTHER \_\_\_\_\_  
PARENT/CAREGIVER NAME: \_\_\_\_\_  
PRIMARY LANGUAGE \_\_\_ ENGLISH \_\_\_ SPANISH \_\_\_ OTHER \_\_\_\_\_  
ADDRESS: \_\_\_\_\_ APT # \_\_\_\_\_  
APT NAME: \_\_\_\_\_ CITY \_\_\_\_\_ ZIP \_\_\_\_\_  
MAIN PHONE: \_\_\_\_\_ ALT PHONE \_\_\_\_\_  
\*HAS CHILD RECEIVED THERAPY SERVICES PRIOR TO THIS REFERRAL? \_\_\_ YES \_\_\_ NO  
WHEN? \_\_\_\_\_ WHERE? \_\_\_\_\_

**Sage Care Therapy partners with many payers such as Traditional Medicaid, Children with Special Health Care Needs (CSHCN), Cook Children’s Health Plan, Parkland Community Health Plan and Superior HealthPlan. We also partner with commercial payers on an out-of-network basis and when Medicaid is secondary. We are adding new payers monthly, so please contact our office for the most up-to-date information.**

MEDICAID # \_\_\_\_\_ TYPE \_\_\_\_\_  
OTHER INSURANCE \_\_\_ YES \_\_\_ NO INSURANCE NAME: \_\_\_\_\_  
POLICY ID # \_\_\_\_\_ POLICY GROUP # \_\_\_\_\_

PHYSICIAN NAME: \_\_\_\_\_  
NPI # \_\_\_\_\_ ADDRESS: \_\_\_\_\_  
CITY \_\_\_\_\_ ZIP \_\_\_\_\_  
PHONE # \_\_\_\_\_ FAX # \_\_\_\_\_

**(PRIMARY CARE PHYSICIAN WILL BE NOTIFIED OF EVALUATION RESULTS BEFORE THERAPY IS INITIATED)**

PHYSICIAN SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

**TO AVOID DELAYS IN THERAPY, PLEASE SIGN AND FAX TO SAGE CARE THERAPY SERVICES AS SOON AS POSSIBLE, THANK YOU!**  
[WWW.SAGECARETHERAPY.COM](http://www.sagecaretherapy.com)

- DIAGNOSIS (CHECK ALL KNOWN):**
- CP  MR  MD
  - SEIZURES
  - G-TUBE/BUTTON
  - DYSPHAGIA
  - TRACH
  - DIABETES
  - DEVELOPMENTAL DELAY
  - INVITRO DRUG EXPOSURE
  - RECEPTIVE LANG DEFICITS
  - EXPRESSIVE LANG DELAY
  - ARTICULATION DELAYS
  - NEUROLOGICAL DEFICITS
  - RESPIRATORY DISTRESS
  - CONGENITAL HEART DEFECTS
  - HYDROCEPHALUS
  - DOWN SYNDROME
  - PREMATURE BIRTH
  - GASTROINTESTINAL PROBLEMS
  - GENETIC DISORDER
  - VISUALLY IMPAIRED
  - HEARING IMPAIRED
  - ASTHMA
  - SPINA BIFIDA
  - FOOD ALLERGIES
  - STUTTERING
  - AUTISM
  - HIV POSITIVE
  - ADD/ADHD
  - FRAGILE X
  - TORTICOLLIS
  - TOE WALKING
  - CONTRACTURES
  - QUADRAPLEGIA
  - HEMIPLEGIA
  - PARAPLEGIA
  - DIPLEGIA
  - MONOPLÉGIA
  - OTHER \_\_\_\_\_
- \_\_\_\_\_  
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\_\_\_\_\_  
\_\_\_\_\_  
LIMITATIONS: \_\_\_\_\_

**6301 GASTON AVE, STE 750  
DALLAS, TX 75214  
OFFICE: 214-295-5374  
FAX: 214-245-5217**

## **SAGE CARE THERAPY REFERRAL PROCESS**

1. THERAPY NEED IS IDENTIFIED BY PARENT OR PHYSICIAN.
2. PHYSICIAN'S OFFICE WILL THEN FAX REFERRAL FORM TO SAGE CARE THERAPY OFFICE.
3. OFFICE STAFF WILL CONTACT REFERRAL SOURCE TO CONFIRM RECEIPT OF REFERRAL WITHIN 24 HOURS.
4. SAGE CARE THERAPY OFFICE WILL CONTACT FAMILY TO INITIATE INTAKE PROCESS WITHIN 24 HOURS OF RECEIVING REFERRAL.

NOTE: SAGE CARE THERAPY'S OFFICE MAY REQUEST ADDITIONAL MEDICAL DOCUMENTATION FROM PHYSICIAN'S OFFICE.

5. AFTER APPROVAL FOR EVALUATION IS RECEIVED, THERAPIST WILL EVALUATE CHILD AND COMPLETE A REPORT WITH RECOMMENDATIONS FOR THERAPY SERVICES.
6. PLAN OF CARE AND CCP REQUEST FORM WILL THEN BE SENT TO PHYSICIANS OFFICE FOR PHYSICIAN TO SIGN AND DATE.
7. PHYSICIAN'S OFFICE WILL RETURN SIGNED PLAN OF CARE AND CCP REQUEST FORM TO SAGE CARE THERAPY OFFICE AS SOON AS POSSIBLE.
8. SAGE CARE THERAPY OFFICE WILL SEND EVALUATION/PLAN OF CARE TO MEDICAID / INSURANCE OFFICE FOR AUTHORIZATION APPROVAL.
9. MEDICAID / INSURANCE OFFICE WILL GIVE AUTHORIZATION APPROVAL AND RETURN IT TO SAGE CARE THERAPY OFFICE.

NOTE: TREATMENT MAY BEGIN ONCE SIGNATURE ON PLAN OF CARE IS RECEIVED AND WHEN AUTHORIZATION IS RECEIVED FROM PAYER SOURCE

IF YOU HAVE ANY QUESTIONS PLEASE FEEL FREE TO CONTACT OUR OFFICE

### **SAGE CARE THERAPY SERVICES**

PEDIATRIC HOME HEALTH THERAPY PROVIDER

6301 GASTON AVE, SUITE 750 – DALLAS, TX 75214

OFFICE: 214-295-5374    FAX: 214-245-5217

[www.sagecaretherapy.com](http://www.sagecaretherapy.com)