

Speech Referral / Recommendation for Services

Speech and Language services are recommended for this child. Services, when provided, will be in accordance with the Individualized Education Program designed by the Committee.

Student Name: _____ **Date of Birth:** _____

School District: _____ **School Year:** _____
mm/dd/yyyy – mm/dd/yyyy

Provider: EMILIA'S KIDS
(Service Provider Agency)

DIAGNOSIS/ ICD9 CODE: _____

(CPT CODE): _____

(Please Print SLP Name)

X

***NYS Licensed Speech Pathologist**

LICENSE NUMBER: _____

DATE SIGNED: _____

Note: Medicaid requires that speech evaluations and services be recommended by a **Licensed Speech Pathologist**, Physician, Physician's Assistant or Nurse Practitioner **prior to or on** the date of the evaluation or the start of services.

Instructions for Speech Referral Form for Services

Evaluation: When providing a speech evaluation for a Medicaid eligible child, you will need the following documentation:

NOTE:- The Diagnosis of Purpose must be on the Evaluation Referral/prescription.

Speech Evaluation: Approved Medicaid Evaluator- NYS licensed and ASHA Certified SLP. A Referral/Recommendation must be signed by a NYS licensed and ASHA Certified Speech Language Pathologist. **It is recommended that this form be completed for each and every child that you evaluate.** Should the child be identified later as Medicaid eligible, you will have the appropriate paperwork to claim Medicaid for the evaluation. Retain the referral/recommendation in child's file until requested. The Speech/Recommendation for Evaluation/Services form must include the diagnosis/purpose).