

HOPE & BELIEVE PEDIATRIC THERAPY

Home Health Pediatric Therapy
Clinic Therapy Locations
Aquatic Therapy, Hippotherapy
Adaptive Sports and Ballet
Therapeutic Tricycles

Colossians 3:23

Waco Fax: 254-848-4193 Phone: 254-848-6284 6701 Sanger Avenue, Suite 104
Temple Fax: 254-848-4193 Phone: 254-598-2620 1706 W Avenue M; Temple

Clinic Eval and Treat: Physical Therapy Speech Therapy Occupational Therapy

Home Health Eval and Treat: Physical Therapy Speech Therapy Occupational Therapy

Date: _____ Date of Birth: _____

Patient's name: _____

Parent's name: _____

Address: _____

Phone: _____ Alternate number: _____

Primary diagnosis (ICD 10): _____ Secondary diagnosis: _____

Primary Insurance: MCD SWRC SUPERIOR AETNA BCBS OTHER: _____

Secondary Insurance: _____

Precautions/special instructions:

I certify that this patient is under my care. The therapy services prescribed are medically necessary and in accordance with a treatment plan established and periodically reviewed by me.

Physician's name: _____ NPI #: _____

Physician's signature: _____

Thank you for this referral! We are honored to provide quality therapy services for your patients!

Whatever you do, work at it with all of your heart, as for the Lord, not for men. -Col 3:23