Kid O'Therapy, LLC
Play With Purpose
Physical Therapy, Speech Therapy, & Occupational Therapy for Children

Physician Referral Form

Patient's Name _____

Date of Birth _____ Email _____

Primary Phone _____ Cell Phone _____

Address _____

City _____ State _____ Zip _____

Type of Referral ☐ Occupational Therapy ☐ Physical Therapy ☐ Speech Therapy

Reason for Referral _____

_____

_____

Diagnosis Code _____ Is preauthorization needed? ☐ Yes ☐ No

Preauthorization Code _____

What CPT codes have been authorized? _____

Insurance Carrier _____ ID Number _____

Policyholder Name _____ Policyholder DOB _____

Policyholder contact information if different from patient:

Phone _____ Email _____

Address _____

City _____ State _____ Zip _____

FAX COMPLETED FORM TO (207) 844-8245

Kid O'Therapy, LLC - (207) 844-8287 - www.kidotherapy.com
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