Fax Referral Request

Date:

Online Patient Intake Form:



Please fax to Step by Step Pediatric Therapy Services at 585-427-7410

	[] Amanda Wilbert, OTR/L [] Aubrey Starks, OT	R/I I 1 Heather H	anson PT DPT
	[] Shelby Withiam, PT, DPT [] Amber Anson, PT [] Danielle Hyde, PT [] Ann Ernst, MS, PT [] Stacia Paganelli, MA, CCC-SLP, CLC [] Lauren Zemaitis, MA, CCC-SLP [] Heather Brown, MS, CCC-SLP [] Kristin Bergholtz MS, CCC-SLP [] Olivia Lawler, MSEd, CCC-SLP [] Sara Stamer, MS, CCC-SLP		
To:			
From:			
Patient:	Date of Birth:		
	ne high amount of denials from the insu Codes with a delay or sens	-	
nysical an	d Occupational Therapy		
Q68.0	Congenital deformity of sternocleidomastoid muscle	☐ R26.9	Unspecified abnormalities of gait and mobility
M43.6	Torticollis	R48.2	Apraxia
M62.81	Muscle weakness	☐ M25.50	Pain in unspecified joint
P14.0	Erb's paralysis due to birth injury	☐ R27.0	Ataxia, unspecified
P14.3	Other brachial plexus birth injury	☐ R41.4	Neurologic neglect syndrome
P94.2	Congenital hypotonia	☐ R29.3	Abnormal Posture
R27.9	Unspecified Lack of Coordination		
oeech/Lai	nguage Therapy	Feeding The	erapy
R47.89	Other speech disturbances	R13.11	Oral phase dysphagia
F80.4	Speech & language developmental	☐ R63.30	Feeding difficulties, unspecified
	delay due to hearing loss	☐ R63.31	Pediatric feeding disorder, acute
		☐ R63.32	Pediatric feeding disorder, chronic
		☐ R63.39	Other feeding difficulties, picky eat
OTHER:		1100.00	other recailing difficulties, picky can
Physician	i's signature NYS License No.	NPI No.	Signed Date Effective Date

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