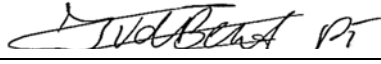




CCP-Texas Medicaid & healthcare Partnership PO BOX 200735 Austin, TX 78720-0735 1-800-846-7470		Texas Medicaid & Healthcare Partnership CSHCN PO BOX 200855 Austin, TX 78720-0855 1-800-568-2413 or 512-514-3000		
Medicaid Number:		Medicaid Number:		
Client Name:		Date of birth:	Telephone:	
Client Address:				
Has the child received therapy in the last year from the public school system?		YES	NO	
Date of initial evaluation	PT	OT	ST	
A copy of the initial evaluation must be attached				
ICD9 Code/Diagnosis:		Date of Onset		
Category of Therapy Being Requested				
PT/OT for:	Developmental anomalies	Pre-surgery	Post-surgery Date of Surgery	
Cast Removal Date Removed		Serial Casting	Acute Episode of Chronic Condition	
New Condition	Specialty clinic	Home Program	ADL (Activities of daily living)	
<input type="checkbox"/> Equipment assessment		Equipment Training		
Speech for:	Craniofacial	Developmental Anomalies	New Condition	
Post Cochlear implant				
Check the service requested, indicate the dates of services and frequency per week or month: Dates of service cannot exceed six months. If possible, end requested date of service on the last day of the month.				
Service Type	Service Date (s)		Frequency per week	Frequency per month
	From:	to:		
PT (GP)				
OT (GO)				
SLP				
Procedure code (s) for therapy services:				
Specialist	Name	Signature	Date Signed	
Physician		X	X	
PT Therapist	Jerre Van den Bent			
OT therapist	Belinda Williams			
SLP therapist	Crisann Skinner			
Provider Information				
Name: THERAPY 2000		Telephone: 214-467-9787	Fax: 214-741-3655	
Address: 2535 Lone Star Dr Dallas, TX 75212				
Medicaid Identifying Information				
TPI: 144364004	NPI: 1265431977	Taxonomy: 251E00000X	Benefit Code: CCP	
CSHCN Identifying Information				
TPI: 144364003	NPI: 1265431977	Taxonomy: 251E00000X	Benefit Code: CSN	
FOR OFFICE USE ONLY: Medicaid Yes No HMO Yes No Restrictions:				
PAN #	Valid:		To:	

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