Cornerstone Pediatric Therapy Referral Form

PHONE: 972-237-0100 • FAX: 972-237-0101

Request For Initial Outpatient Therapy	Marketer: *House*
CCP - Texas Medicaid & Healthcare Partnership **PO Box 200735** **Austin TX 78720-0735** **1-800-846-7470** **CCP FAX: 1-512-514-4212**	**Commercial Primary Insurance:** **_____BCBS Commercial Insurance- In Network** **_____Cigna, Aetna, United- Out of Network** **Subscriber ID:_____ DOB:_____** **Subscriber Name:_____**

Medicaid Number:		Medicaid Type:	
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	SLP
ICD-10 Code/Diagnosis: ✓		Reason for Referral: ✓	

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)
☐ Equipment Assessment		☐ Equipment Training	
Speech for:	☐ Craniofacial	☐ Developmental Anomalies	☐ New Condition ☐ Post Cochlear Implant

Check the service requested, indicate the date(s) of service 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) From:	Service Date(s) To:	Frequency per week	Frequency per month
☐ **PT**	/ /	/ /		
☐ **OT**	/ /	/ /		
☐ **SLP**	/ /	/ /		

Procedure code(s) for therapy services:

** SIGN HERE **

Date Signed / /

Physician	Name	Signature	
Address			
Phone		Fax	
NPI			

Provider Information

Name: Cornerstone Pediatric Therapy	Telephone: (972) 237-0100	Fax: (972) 237-0101
Address: 1000 W. Crosby Rd., Suite 136; Carrollton, TX 75006		

Medicaid Identifying Information

TPI: 21-8889801	NPI: 1023310901	Taxonomy: 251E00000X	Benefit Code: CCP

CSHCN Identifying Information

TPI: 21-8889803	NPI: 1023310901	Taxonomy: 251E00000X	Benefit Code: CSN

FOR OFFICE USE ONLY: Medicaid ☐ Yes ☐ No HMO ☐ Yes ☐ No Restrictions:

PAN# Valid To

FORM TP-1

TO EXPEDITE SERVICES, PLEASE SIGN AND RETURN TO CORNERSTONE PEDIATRIC THERAPY AS SOON AS POSSIBLE