



Please fax to 585-427-7410 and refer families to our website to initiate the evaluation intake process at www.sbstherapycenter.com



Child's Name: _____ DOB: _____

Parent's Name: _____ Phone #: _____

Due to the high number of denials from insurance companies, please avoid using any ICD-10 codes with delay or sensory in the description. Thank you!

PHYSICAL & OCCUPATIONAL THERAPY

Table with 6 columns: checkmark, ICD-10, Description, checkmark, ICD-10, Description. Rows include congenital deformity of the sternocleidomastoid muscle, torticollis, muscle weakness, Erb's paralysis due to birth injury, other brachial plexus injury, congenital hypotonia, and unspecified lack of coordination.

FEEDING THERAPY

SPEECH & LANGUAGE THERAPY

Table with 4 columns: ICD-10, Description, ICD-10, Description. Rows include oral phase dysphagia, oropharyngeal dysphagia, feeding difficulties (unspecified, acute, chronic, and other), and other feeding difficulties (picky eater).

Physician's Signature _____ NYS License # _____ NPI # _____ Signed date _____ Effective Date _____

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