

Speech/Language/Memory Therapy Referral Form



Providing in-home therapy services In Zionsville, IN and surrounding communities (Carmel, Fishers, Westfield, Noblesville, etc)

www.thememorycompass.com
jessie@thememorycompass.com
Phone: (317) 501-7424
Fax: (317) 762-7915

Please fax the following to (317) 762-7915:

1. Referral Orders (i.e. speech therapy evaluation and treatment)
2. Face Sheet
3. Primary and Secondary insurance information
4. Most Recent Physician Note and
5. Related testing results (i.e. MRI)

Patient Name:

DOB:

Today's Date:

Patient's Contact Number:

ICD.10 Diagnosis

Primary Caregiver Name & Relation:

Contact Number:

Physician's Name:

Practice Name:

Physician's Phone Number:

Physician's Fax Number:

NPI Number:

Please indicate which services you would like The Memory Compass to perform:

- Evaluate and Treat
 - Speech/Language
 - Cognition/Memory
 - Swallowing Function
 - Other:

Comments:

I CERTIFY THAT SPEECH THERAPY IS MEDICALLY NECESSARY FOR THE PATIENT'S PLAN OF CARE:

Physician SIGNATURE (mandatory):

Date:

Speech/Language/Memory Therapy Referral Form Cont.



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- The Memory Compass specializes in providing therapy services to individuals and families coping with dementia
- We are NOT a home health agency, but believe in the importance of therapy services provided in the functional home environment
- We are Credentialed with Medicare Part B
- We are not currently credentialed with any other insurance plans; however, we provide Superbills to families who are able to submit for out-of-network reimbursement
- We also provide private pay therapy services
- We provide services in-person & via telehealth
- We offer individualized 1:1 Private Pay Family Coaching Services to families coping with dementia
- We provide Private Pay Wellness Plans as a continuing care option after discharge from therapy