BRIDGEWAY HEALTH PLLC

Referral & Order Form

Serving children, teens & adults · 1007 Cumberland Falls Hwy, Suite 3, Corbin, KY 40701

FAX COMPLETED FORM TO
(606) 262-7903
Questions: (606) 202-7654
bridgewayhealthky.com

PATIENT INFORMATION

Patient name | **Date of birth** | **Sex**

Parent / guardian (if minor) | **Best phone**

Address, city, state, ZIP | **Email (optional)**

Insurance / Medicaid plan | **Member ID**

SERVICES REQUESTED

Occupational Therapy
Order required
☐ Evaluate & treat ☐ Evaluation only

Counseling / Behavioral Health
No order required
☐ Assessment & treatment ☐ Assessment only ☐ Family / parent support

Community Support (CSA)
COMING SOON *No order required*
☐ Refer for community support services

Speech-Language Therapy
COMING SOON *Order required*
☐ Evaluate & treat ☐ Evaluation only

Physical Therapy
COMING SOON *Order required*
☐ Evaluate & treat ☐ Evaluation only

Referrals for coming-soon services are kept on file, and families are contacted when the service becomes available. Kentucky Medicaid requires an order for OT, PT, and speech-language services from a physician, APRN, or PA enrolled in Kentucky Medicaid. Bridgeway confirms payer and authorization requirements before services begin.

DIAGNOSIS & REASON FOR REFERRAL

Primary ICD-10 | **Secondary ICD-10** | **Diagnosis description**

Primary concerns / clinical information

Attached: ☐ Recent visit notes ☐ Evaluations / testing ☐ Medication list ☐ Other: _____

FAMILY CONTACT

☐ The patient / guardian is aware of this referral and agrees that Bridgeway Health may contact them about scheduling and services.

Preferred contact / best time

REFERRING PROVIDER

Provider name & credentials | **Practice / clinic**

NPI | **Phone**

Fax | **Office contact**

PROVIDER ORDER: required for OT, PT & speech-language services

I certify that the services checked above are medically necessary and I order evaluation and treatment as indicated.

Ordering physician / APRN / PA signature | **Printed name & credentials** | **NPI** | **Date**

CONFIDENTIAL: This document contains protected health information. If you received it in error, please notify Bridgeway Health at (606) 202-7654 and destroy all copies. Bridgeway Health will contact the family to schedule once services are available.