MOSAIC
WELLNESS

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NEW PATIENT REFERRAL FORM: OCCUPATIONAL THERAPY

Date of Referral: _____ Employee Initials: _____

Referring Doctor/Source:_____

Referral Source Phone: _____ Referral Source Fax: _____

PATIENT INFORMATION

Patient Name: _____ Patient DOB: _____

Patient Legal Guardian (if minor): _____

Patient Address: _____

City: _____ State: _____ Zip: _____

Patient Phone Number(s): _____

To ensure compliance with insurance requirements and to support medical necessity for billing, please provide a medical diagnosis code (ICD-10) and sign the authorization below.

Requested Service(s):

- ☐ OT Evaluation and Treatment
- ☐ Sensory Integration Assessment
- ☐ Fine Motor/Visual Motor Integration
- ☐ Activities of Daily Living (ADL) Training
- ☐ Other: _____

Clinical Indications/Reason for Referral:

- ☐ Developmental Delay
- ☐ Coordination/Gait Issues
- ☐ Sensory Processing Concerns
- ☐ Muscle Weakness
- ☐ Other: _____

Required Information (to be completed and signed by Physician):

Primary Medical Diagnosis (ICD-10): _____

Secondary Diagnosis (if applicable): _____

I certify that Occupational Therapy services are medically necessary for this patient.

Physician Signature: _____ Date:_____

Printed Name: _____ NPI: _____

***Suggested Commonly Used ICD-10 Codes for OT:** The codes below are provided as a reference and are not a complete list. Please select a code below or provide another ICD-10 code that most accurately reflects the patient's diagnosis.*

Developmental	Neurological	Motor/Physical	Symptoms
F82: Specific developmental disorder of motor function **F88**: Other disorders of psychological development **R62.50**: Global Developmental Delay **R62.0:** Delayed milestone in childhood **R62.51:** Failure to thrive (child) **R62.59**: Other lack of expected normal physiological development in childhood	**I63.9**: Cerebral infarction (Stroke, unspecified) **I69.351**: Hemiplegia following cerebral infarction (right dominant side) **G81.90**: Hemiplegia, unspecified **G82.20**: Paraplegia, unspecified **G35**: Multiple Sclerosis **G91.9**: Hydrocephalus, unspecified	**M62.81**: Muscle weakness (generalized) **R26.89**: Other abnormalities of gait and mobility **R27.8**: Other lack of coordination	**R48.2:** Apraxia **R62.8:** Muscle Weakness **R44.8:** Other symptoms and signs involving general sensations and perceptions

	S06.9X0A: Traumatic Brain Injury, initial encounter **R27.0:** Ataxia, unspecified **R26.89:** Other abnormalities of gait and mobility **R41.3:** Memory loss, unspecified **R47.01:** Aphasia **R47.1:** Dysarthria and anarthria		

INSURANCE INFORMATION

Primary Insurance:_____

Identification Number:_____

Name of Policy Holder:_____

Relationship to Patient: _____ Policy Holder DOB: _____

Mosaic Wellness is in network with the following commercial insurances:

Blue Cross Blue Shield, AETNA, The Health Plan, PEIA/UMR, and Peak Health

NOTE: We do not accept Medicaid at this time.

Our office will make two attempts to contact referrals. Once the patient has been contacted, our office will fax an update. Thank you for this referral!