



**North Shore AAC**  
Michelle Britt-Thompson, MS, CCC-SLP  
3A Black Duck Circle  
Newbury, MA 01951  
(p) 978-992-2535  
(f) 978-518-3188  
michelle@northshoreaac.com  
Tax ID# 46-3788310

## Physician Prescription and Referral Form

### Patient Information

Patient's First Name \_\_\_\_\_

Patient's Last Name \_\_\_\_\_

DOB \_\_\_\_/\_\_\_\_/\_\_\_\_ Gender: \_\_\_\_\_

Parent/Guardian Name \_\_\_\_\_

Street Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_ Zip \_\_\_\_\_

Daytime Phone \_\_\_\_\_

### Insurance Information

Subscriber Name  
\_\_\_\_\_

DOB \_\_\_\_/\_\_\_\_/\_\_\_\_

Health Plan \_\_\_\_\_

Authorization# \_\_\_\_\_

Group# \_\_\_\_\_

Member ID \_\_\_\_\_

### Patient Diagnosis

Diagnosis ICD-10 code(s):  
\_\_\_\_\_

Reason for visit:

- 92607 - Evaluation for prescription for speech-generating augmentative and alternative communication device, face-to-face with the patient
- Therapeutic services for the use of speech-generating device, including



**North Shore AAC**

Michelle Britt-Thompson, MS, CCC-SLP

3A Black Duck Circle

Newbury, MA 01951

(p) 978-992-2535

(f) 978-518-3188

michelle@northshoreaac.com

Tax ID# 46-3788310

|  |   |
|--|---|
| <p>Secondary Insurance, if any</p> <p>_____</p> <p>_____</p>   | <p>programming and modification</p> <p><input type="checkbox"/> 92523 - Evaluation of speech sound production; with evaluation of language comprehension and expression (e.g., receptive and expressive language)</p> <p><input type="checkbox"/> Other - _____</p> |
| <p>Physician Name: _____</p> <p>Practice Name: _____</p> <p>NPI # _____</p> <p>Street Address _____</p> <p>City _____ ZIP _____</p> <p>Phone # _____ Fax # _____</p> |   |
| <p>Physician Signature: _____</p> <p>Physician Name (Print): _____</p> <p>Signature Date: _____</p>  |   |

**Please fax form to 978-518-3188. Thank you.**