



Greenville Bilingual Therapy

319 Garlington Rd. Ste B-5, Greenville, SC 29615 Phone: 864-417-8423

Fax: 972-616-5203 Email: greenvillebilingualtherapy@gmail.com

PHYSICIAN ORDER / REFERRAL

Date of Referral: _____ Medicaid Authorization #: _____

(valid for 1 year)

(if applicable)

Parent/Guardian Name (if appropriate) _____

Patient Phone Number: _____

Diagnosis (if known/relevant): _____

Insurance: _____ Policy ID: _____

NPI _____

Practice Name: _____

Practice Address: _____

Physician Phone Number: _____ Fax: _____

Physician's Signature: _____

SPEECH LANGUAGE PATHOLOGY SERVICES:

- Speech and Language Evaluation (any age)
& Speech Therapy Treatment
- Feeding Evaluation
- K.I.D.S. Screening (3 years through 5 years 11 months)
(Screens overall development as well as Speech and Language)

Our Vision: To be a Practice of excellence that strengthens the abilities of their children, their families, and their communities.