

Madelyn E and Albert D. Conley

SPEECH, LANGUAGE AND HEARING CENTER

336 Dunn Hall, Orono, ME 04469-5724, Phone (207) 581-2006

The University of Maine, Department of Communication Sciences and Disorders

REQUEST FOR SERVICE

Date of Request _____ For _____ Speech Therapy
_____ Speech/Language Evaluation
_____ Speech Telepractice

Name _____ Age _____ Date of Birth _____

Parents Names (for minors) _____

Address _____

Phone: H) _____ C) _____ W) _____

E-mail Address _____

Describe problem in Hearing/Speech/Language _____

Referred/recommended by _____

Request being made by _____

Person/Agency to be billed: _____

Insurance Information: Company _____

Policy# _____ Group# _____

MaineCare Coverage? _____ MaineCare# _____

Primary Care Physician _____

Address _____

IF PERSON IS SCHOOL AGE:

Name of School (RSU/SAD, Union, Town) _____

Grade _____ Has school authorized and agreed to pay for services? Yes _____ No _____

Date

_____ Pre-appointment forms mailed _____ Forms returned

_____ Appointment date

_____ Notified of appointment

_____ Confirmed appointment

_____ Service Report Ready Fee _____

Report to () _____

() _____

() _____

Result of evaluation:

Therapy _____

Re-evaluation _____

Referred to _____

_____ Report Sent

_____ Billing Complete