



Authorization Request

Speech Therapy Authorization Form

Utilization Review Department
Michigan Conference of Teamsters Welfare Fund
Phone: (313) 964-2400

Please fax back this completed form for Speech Therapy with the supporting medical records, an Individualized Education Plan (IEP) and a letter of medical necessity from the requesting physician to: (313) 496-2939

Today's Date: _____

Patient's Name: _____

Contract #: _____

Date of Birth: _____

Services Being Requested:

Speech Therapy Evaluation: Procedure code: _____

Speech Therapy: Procedure code: _____

Number of Visits: _____

Diagnosis Code (S): _____

Is this a prior authorization? ___ YES ___ NO

Have services already been rendered? If so, beginning when: _____

Provider: _____

Address: _____

Phone: _____

Fax: _____