



Authorization Request Form - **Part 2**
Speech Therapy (Outpatient Only)

Complete and fax the clinical worksheet immediately following the Part 1 authorization request fax form, including any substantiating clinical documentation. Your responses enable faster processing of authorization requests and reduces the likelihood we may require you to submit additional clinical documentation to complete our review.

 Please fill in each question option completely →

Special Note	A max of 8 visits may be eligible for auto approval on initial speech therapy requests on this Single Service.
Question 1	Have any of the following findings been documented in a recent encounter? (Required, fill in all that apply) <ul style="list-style-type: none"><input type="radio"/> Documentation of any speech delay or speech disorder<input type="radio"/> Difficulty swallowing<input type="radio"/> Difficulty chewing food<input type="radio"/> Cognitive impairment<input type="radio"/> None of the above