TUFTS Health Plan

Rehabilitative Services: Speech Therapy Authorization Form

Please fax the completed form to the plan listed below:

- For Tufts Health Plan Commercial: 617.972.9409
- Tufts Health Freedom Plan products: Fax: 617.972.9409
- Tufts Health Direct-Health Connector commercial plan; Fax: 888.415.9055

Member name:	DOB:	DOI:	Date of Report:
Member ID #:	Dx:	ICD-10:	
Facility Name:	Tufts Health Plan Facility ID#:	Facility Phone #:	Facility Fax:
Previous Rx for this Dx? ☐ Yes ☐ No Any other Dx? ☐ Yes ☐ No	# of Visits Requested: # Previous Treatments:	Date of first treating visit:	Estimate Date of Discharge:

Clinical Assessment

1. Comprehension:
2. Expression:
3. Cognition:
4. Speech:
5. Swallowing:
6. Communication skills for household management:
7. Communication skills for community interaction:

Clinical Goals	Functional Outcomes
1. 2. 3. 4.	1. 2. 3. 4.
Treatment plan (comments):	
Provider Name: Requested by:	Provider ID: Electronic Signature:

Provider Services