

OCCUPATIONAL THERAPY EVALUATION							
PROCEDURE CODE	UNITS REQUESTED	TIME SPAN					
		Daily		Weekly		Monthly	Annually
		Daily		Weekly		Monthly	Annually

OCCUPATIONAL THERAPY SERVICES							
PROCEDURE CODE	UNITS REQUESTED	TIME SPAN					
		Daily		Weekly		Monthly	Annually
		Daily		Weekly		Monthly	Annually
		Daily		Weekly		Monthly	Annually
		Daily		Weekly		Monthly	Annually

PHYSICAL THERAPY EVALUATION							
PROCEDURE CODE	UNITS REQUESTED	TIME SPAN					
		Daily		Weekly		Monthly	Annually
		Daily		Weekly		Monthly	Annually

PHYSICAL THERAPY SERVICES							
PROCEDURE CODE	UNITS REQUESTED	TIME SPAN					
		Daily		Weekly		Monthly	Annually
		Daily		Weekly		Monthly	Annually
		Daily		Weekly		Monthly	Annually
		Daily		Weekly		Monthly	Annually

SPEECH LANGUAGE EVALUATION							
PROCEDURE CODE	UNITS REQUESTED	TIME SPAN					
		Daily		Weekly		Monthly	Annually
		Daily		Weekly		Monthly	Annually

SPEECH LANGUAGE SERVICES							
PROCEDURE CODE	UNITS REQUESTED	TIME SPAN					
		Daily		Weekly		Monthly	Annually
		Daily		Weekly		Monthly	Annually
		Daily		Weekly		Monthly	Annually
		Daily		Weekly		Monthly	Annually
		Daily		Weekly		Monthly	Annually

VISION EVALUATION							
PROCEDURE CODE	UNITS REQUESTED	TIME SPAN					
		Daily		Weekly		Monthly	Annually
		Daily		Weekly		Monthly	Annually

VISION SERVICES							
PROCEDURE CODE	UNITS REQUESTED	TIME SPAN					
		Daily		Weekly		Monthly	Annually
		Daily		Weekly		Monthly	Annually
		Daily		Weekly		Monthly	Annually

Practice name		Submission Date		Practice NPI number			
Individual Provider Name (last name, first name)				Individual Provider NPI number			
Practice Contact person			Phone		Fax		