**CORNBELT REQUEST FOR THERAPY SERVICES**

*Please complete this form in its entirety. It can be emailed to Kathryn Larson at* *kathryn.larson@lifescapesd.org* *or faxed to (605) 444-9701 or mailed to LifeScape 1020 W 18th St, Sioux Falls, SD 57104. Please feel free to call (605)444-9750 with any questions. Thank you!*

**Date:** \_\_\_\_\_\_\_\_\_\_

**Child’s name:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **DOB:** \_\_\_\_\_\_\_\_\_\_\_\_\_ **SSN:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Parent/guardian name and address: Phone number:**

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (h) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_(c)

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Responsible payor:** School district Part C Other:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**School district** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  **Phone:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Contact/person requesting service**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone: ­\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

|  |  |  |
| --- | --- | --- |
| **Evaluation Services** | **Rate: $76.00/15 minutes** | **Services Included** |
|  Autism Evaluation |  | OT / ST / School Psychology  |
|  Comprehensive Evaluation |  | OT / PT / ST / School Psychology / Education  |
|  AAC Evaluation |  | OT / ST  |
|  Individual Therapy/Service |  | Circle Service (s) Requested: OT PT ST Behavior Therapy Education Aptitude/Psychology |
| **Treatment** | **Rate: $35/15 minutes****Duration and Frequency** | **Select to request aquatic therapy** |
|  OT |  |  To be provided in pool |
|  PT |  |  To be provided in pool |
|  ST |  |  |
|  Behavior  |  |  |
|  |  |  |
| **Travel Fee** | **$20.75/15 minutes** | **Billed when services are not in clinic** |
| **Mileage Fee** | **$0.55/mile** | **Billed when services are not in clinic** |

Services billed include actual time spent with student during evaluation or treatment. Time spent reviewing records, writing evaluation/notes, or other indirect services will not be billed to school or other guarantor.

The services indicated above are approved and can be billed to the indicated responsible payor.

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Superintendent Date