



CHATTER LADDER

SPEECH THERAPY

Climbing the Ladder to effective communication.



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SPEECH PATHOLOGY EVALUATION/TREATMENT REFERRAL FORM

Patient: _____

DOB: _____ Phone: _____

Insurance: _____ Insurance ID: _____

Authorization #: _____

History: _____

Diagnosis and Code: _____

CPT Code	Description	Authorized Visits
92523	Evaluation of speech sound production; with evaluation of language comprehension and expression	
92507	Treatment of speech, language, voice, communication, and/or auditory processing disorder; individual	

Reason for Referral: _____

Physician signature: _____

Physician name (printed): _____

Phone or Fax: _____

Referral date: _____

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