

# Unified Community Connections No Boundaries Assistive Technology Center **REFERRAL FORM**

(Please Print)

Today's date:			Person Making Referral:			
<b>PATIENT INFORMATION</b>						
Last name:		First:	Middle:	<input type="checkbox"/> Mr. <input type="checkbox"/> Mrs.	<input type="checkbox"/> Miss <input type="checkbox"/> Ms.	Marital status (circle one) Single / Mar / Div / Sep / Wid
Diagnosis:	Date of Diagnosis: / /	Email address:		Birth date: / /	Age:	Sex: <input type="checkbox"/> M <input type="checkbox"/> F
Street address:			Social Security no.:		Home phone #: ( )	
City:	State:		ZIP Code:		Alternate Phone #:	
Occupation:	Employer:			Employer phone no.: ( )		
Place of Residence:						
<input type="checkbox"/> Home		<input type="checkbox"/> Nursing Home		<input type="checkbox"/> In-home Hospice Care		
<input type="checkbox"/> Assisted Living Facility		<input type="checkbox"/> Group Home		<input type="checkbox"/> Rehabilitation Facility		
<input type="checkbox"/> Hospital		<input type="checkbox"/> Hospice				
<b>REASON FOR REFERRAL</b>						
Name of Person Making Referral:		Relationship to Patient:	Address (if different):		Phone no.: ( )	
Type of Referral: <input type="checkbox"/> Communication Assessment <input type="checkbox"/> Communication Therapy – Name of device: _____						
<input type="checkbox"/> Computer Access Assessment <input type="checkbox"/> Computer Access Training – Name of Products: _____						
<input type="checkbox"/> Speech & Language Assessment <input type="checkbox"/> Speech & Language Therapy						
Please describe reason for assessment/therapy:						
Patient is <b>unable</b> to: <input type="checkbox"/> Talk <input type="checkbox"/> Talk Clearly <input type="checkbox"/> Read/Spell <input type="checkbox"/> Handwrite <input type="checkbox"/> Walk <input type="checkbox"/> Use Hands <input type="checkbox"/> Identify Pictures						
<b>PHYSICIAN INFORMATION</b>						
Name of Primary Care Physician:						
Street address:			Suite #:		Phone #:	
City:	State:		ZIP Code:		Fax #:	
MD License #:	NPI #:		UPIN #:			

**INSURANCE INFORMATION**

**Please note: Unified's No Boundaries Assistive Technology Center does not accept Insurance, Medicare, or Medical Assistance as forms of payment for assessments, therapy, or training. Information below should be completed for Patients receiving a Communication Device Assessment to assist in procurement of the communication device:**

Is this patient covered by insurance?     Yes     No

Please indicate primary insurance

Insurance Name of Company: \_\_\_\_\_

Medicare

Medical Assistance

Managed Care Organization: Name of Company: \_\_\_\_\_

Other: \_\_\_\_\_

Subscriber's name:	Subscriber's S.S. no.:	Birth date:	Group no.:	Policy no.:	Co-payment:
		/ /			\$

Patient's relationship to subscriber:     Self     Spouse     Child     Other

Name of secondary insurance (if applicable):	Subscriber's name:	Group no.:	Policy no.:

Patient's relationship to subscriber:     Self     Other     Spouse     Child

**\*\* If patient is receiving an assessment for a Communication device, please provide a copy of the front and back of the patient's insurance cards to Unified Staff on the day of the assessment\*\***

Other

**PAYMENT INFORMATION**

Method of Payment for assessment/therapy/training:     Check     Cash

**FEE SCHEDULE**

Fees for services are listed below. Payment may be made on the day of service or, for your convenience, an invoice can be mailed following provision of services:

Pay on day of service     Please invoice

Fees	
Augmentative and Alternative Communication Assessment/ Assistive Technology/Computer Access Assessment/ Speech & Language Assessment	\$300.00 for the initial assessment appointment \$100 per hour if a second session is warranted
Augmentative and Alternative Communication Set-up/Therapy/Training Assistive Technology/Computer Access Set-up/Therapy/Training Speech & Language Therapy Presentations/Training	\$125.00 per hour \$125.00 per hour \$125.00 per hour \$125.00 per hour (does not include the cost of any requested presentation materials)
Travel fees for any service occurring outside of Unified's main office:	\$40.00 per hour
Interested in:	<input type="checkbox"/> Office Appointment <input type="checkbox"/> In-home appointment

***Please return this completed form to Unified's No Boundaries Assistive Technology Center by:***

**Mail:** Unified's No Boundaries Assistive Technology Center  
952 Ridgebrook Road  
Unit # 1000  
Sparks, MD 21151  
410-484-4540 ext. 2580

**Fax:** 1-301-663-8822 Attn: Angela Strauch Lane

**Email:** [astrauch@unified.org](mailto:astrauch@unified.org)

*Once your referral form has been completed, you will be contacted to schedule an appointment. Thank you.*