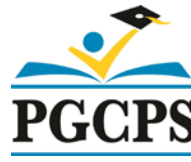


Medicaid Recovery Office
Health Related Services
Assessment Only Student Form



Please complete the information below and attach the required documentation.

Student Information	
Date of Service (mm/dd/yyyy):	
Student Name:	Gender (circle): M F
Date of Birth <i>fb a #XX#mm#.</i>	Disability Code:
State ID Number:	Place of Service:
Medical Assistance Number:	
Service Type - Assessment	
<input type="checkbox"/> Occupational Therapy Evaluation <ul style="list-style-type: none"> <input type="checkbox"/> 97165 Evaluation, low complexity, 30 minutes <input type="checkbox"/> 97166 Evaluation, moderate complexity, 45 minutes <input type="checkbox"/> 97167 Evaluation, high complexity, 60 minutes 	
<input type="checkbox"/> Physical Therapy Evaluation <ul style="list-style-type: none"> <input type="checkbox"/> 97161 Evaluation, low complexity, 20 minutes <input type="checkbox"/> 97162 Evaluation, moderate complexity, 30 minutes <input type="checkbox"/> 97163 Evaluation, high complexity, 45 minutes 	
<input type="checkbox"/> Speech (please select the assessment type) <ul style="list-style-type: none"> <input type="checkbox"/> 92521 Speech fluency <input type="checkbox"/> 92522 Speech sound production <input type="checkbox"/> 92523 Speech sound production and language comprehension /expression <input type="checkbox"/> 92523-52 Language comprehension and expression <input type="checkbox"/> 92524 Behavioral and qualitative analysis of voice 	

Provider Name: _____ License No: _____

Provider Signature: _____ Date: _____

Prince George's County Public Schools
Medicaid Recovery Office
 Sasser Administration Building • 14201 School Lane, C05-451 • 301.952.6349 (office) • 301.780.5925 (fax)