ADAMS WELLS
SPECIAL SERVICES COOPERATIVE

Medicaid Referral
Nursing/Physical Therapy Services

For P.T.: to be completed by a M.D., D.O., or referral practitioner identified in the P.T. practice act, Indiana Code 25-27-1-2(b)

For R.N.: to be completed by a licensed physician (M.D. or D.O.)

Student Name:_____ DOB:_____ STN:_____

Diagnosis: _____

Physical Therapy
- ☐ Evaluation
- ☐ Treatment Services: _____
  _____
- ☐ Other: _____

Nursing Service
- ☐ Evaluation
- ☐ Treatment Services: _____
  _____
- ☐ Other: _____

Precautions: _____

Additional Comments: _____

_____

Authorized Signature: _____

Print Name & Title: _____

National Provider Identifier (NPI) #: _____

Date: _____

Note: Visit NPPES NPI Registry to perform a search