EXTENDED HEALTH BENEFITS - SPEECH THERAPY

Send to: LiUNAcare Local 506 | 3750 Chesswood Drive, Suite 1 | Toronto, ON M3J 2W6
P: 416.506.8841 | F: 416.506.8833 | w: www.liunacare506.com | e: info@liunacare506.com

MEDICAL QUESTIONNAIRE – SPEECH THERAPY

Treatments provided by a Speech Therapist must be prescribed by a licensed physician (MD) in Canada. All speech therapy claims must be accompanied by an MD referral outlining the diagnosis, treatment needs and duration. If treatment is required for more than one year, an MD referral is required on an annual basis. Any fees associated with the completion of this form is the responsibility of the member/patient.

MEMBER INFORMATION (to be completed by Member)

Member's Name	Member Advantage Benefit Card ID (last 10 digits)	Date of Birth (mm/dd/yyyy)
Address	Town/City, Province	Postal Code
Email Address	Telephone Number	Cell Phone Number
If Dependent Claim, Dependent's Name	Relationship	Date of Birth (mm/dd/yyyy)

Member Declaration

I certify that the information presented is true, correct, and complete.

Member Signature	Date

MEDICAL INFORMATION (to be completed by Licensed Physician)

Referring Physician's Name	License Number	Telephone Number
Address / Town/City, Province / Postal Code		Fax Number
Primary Diagnosis		
Secondary Diagnosis		
Reason for Referral (Medical Requirement)		
Treatment Plan		
Treatment Goals (Functional Improvement & Outcomes Expected)		
Previous Treatments and/or Assessments (provide dates and outcomes)		
Speech Therapist's Name	License Number	Telephone Number
Address / Town/City, Province / Postal Code		Fax Number

Declaration

I certify that the above information is true, correct, and complete.

Referring Physician's Signature	Date

Please complete and return this form to:

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