

# VOICE AEROBICS™

[SpeechRx@voiceaerobicsdvd.com](mailto:SpeechRx@voiceaerobicsdvd.com)

## Referral Form

Mary Spremulli, MA, CCC-Speech-Language Pathologist  
Voice Aerobics, LLC - PO Box 494383 - Pt Charlotte, FL 33949-4383  
Phone: 941-204-1515 Fax: 941-979-9350

**Please complete the referral form below, including insurance information. If you plan to have a claim submitted to Medicare or other insurance, please provide the name, phone number, and fax of the referring physician. Email or fax completed form. Thank you.**

Last Name:

First Name:

Address:

City:

State:

Zip:

Phone:

Alternate:

SSN:

DOB:

Age:

Referring Physician:

Address:

City:

State:

Phone:

Fax:

email:

primary physician? yes/no ( if no, list ) :

Medical diagnosis/Reason for referral:

Treatment dx.: 784.3 Aphasia; 784.51 Dysarthria; 787.22 Oral-pharyngeal dysphagia; 784.49 Dysphonia; 784.41 Aphonia

Other:

### Payment Source:

Medicare#:

Phone:

Secondary Insurance:

Phone:

Policy#:

Group#:

Plan ID#:

Coverage start:

Coverage end:

Location where you wish to receive services: (check one)

Home (Port Charlotte/Punta Gorda only)\_\_\_\_\_ Office (Port Charlotte) \_\_\_\_\_

Parkinson Place (Sarasota)\_\_\_\_\_