



153 Brodhead Rd.
Bethlehem, PA 18017
484-526-6578
Fax 484-526-3768

Date: _____

Dear _____:

Thank you for choosing St. Luke's North Pediatric Rehabilitation Department. We look forward to working with you and your child. Enclosed you will find an Evaluation Packet. Please take time to read the directions below and fill out the necessary forms.

Prior to being scheduled for an evaluation appointment, please make sure that you have completed the following:

1. **Complete the enclosed Case History Form** and return within 30 days. Please include a *prescription* from your referring doctor or primary care physician for each service.
2. **Check into your insurance coverage** for each necessary therapy. Please make sure that you ask if there are exceptions or limitations under your current policy.

When we receive all of your information, your child's name will be put on the evaluation/treatment waiting list. As soon as a treatment opening becomes available, you will be contacted with the date and time of your evaluation appointment.

After you are scheduled for an appointment:

1. Call your insurance company/physician to obtain a **referral** form or pre-authorization form (if required by your insurance company).
2. **Obtain any previous evaluation/therapy reports.** If your child has been to any specialists, those reports would be beneficial as well. It is important that the therapist has all pertinent reports prior to the evaluation. Documents may be sent directly to St. Luke's North from physicians, hospitals, or therapists. For example, the following records would be helpful: IU/EI evaluations, discharges, treatment notes; developmental pediatrician reports, psychological or behavior reports, etc.

Thank you in advance for your time and cooperation. Should you have any questions, please do not hesitate to contact us at 484-526-6578.

Sincerely,
Pediatric Rehabilitation Department
St. Luke's North

Enclosure