Light Physical Therapy

Julie Light
Doctor of Physical Therapy
License #: 187812
NPI individual: 1245990597
NPI group: 1205545498

Ph: 907-727-4950
Fax: 907-206-7198
julie@lightpt.com

Outpatient Physical Therapy Referral
To: Light Physical Therapy, LLC
5660 B Street, Suite #3
Anchorage, AK 99518

Patient: ____________________ **DOB:** _________ **Phone:** _________________

Primary Insurance:

- ☐ Medicare
- ☐ Medicaid
- ☐ TriWest (VA)
- ☐ Tricare West
- ☐ Cigna
- ☐ Aetna
- ☐ Premera BCBS
- ☐ Worker's comp
- ☐ EBMS
- ☐ Other

Dx: ____

Tx:

- ☐ **Physical Therapy Evaluate and Treat**
- ☐ **Other** ____

Precautions: ____

Frequency:

Times per week _____
Treatment Duration ____ weeks

I hereby certify that the above Physical Therapy services are medically necessary and approved for this patient's plan of care.

Referring Provider Name (printed): ___________________ **NPI#**_____________
Provider Signature: __________________________ **Date:** __________

Please fax referral form to: 1-907-206-7198