



The Center for Pediatric Feeding & Swallowing
Disorders
AT The DePaul Ambulatory Care Center
11 Getty Ave. 2nd Fl.= DIRECTIONS ON BACK
SIDE
Paterson, NJ 07503
973.754.4300 FAX 973.754.4330

Dear Parent,

Welcome to the Center for Pediatric Feeding and Swallowing. Our team looks forward to greeting and evaluating your child. Our multidisciplinary team is here to provide your family with the best available services, but from the onset you as the parent/caretaker need to be a part of the team and take ownership on insurance referrals/ authorization. **It is essential that YOU check with your insurance company to see if a referral or an authorization may be needed.** Below is the information that you should be asking your insurance company about for your initial evaluation. It is your responsibility for getting referrals/authorizations and keeping track of them for your initial visit as well as future visits.

You need to contact the insurance with the following codes= these codes are billed under: St. Joseph's Hospital

St Joseph's Hospital	TaxID# 221487602 or NPI #1669462420
Physical Therapy Eval	CPT Code 97001
Occupational Therapy Eval	CPT Code 97003
Feeding/Swallow Eval	CPT Code 92610
ABA Initial Asses (If Autistic Only)	CPT Code H0032

Dr. Eicher TaxID# 222810004 or NPI#1184666885= This is billed under St. Joseph's Healthcare
Doctor's Consultation CPT Code 99205

***THERE WILL BE A FEE FOR PARKING**

Please remember to ask the following:

- Hospital & Dr are in network
- The codes listed above are covered
- Is any referral or authorization needed for any of these codes **(If any auth or referrals are required then your child's pediatrician is responsible to get that information for you).**
- If we are out of network then ask them about your out-network benefits to cover the service.

***** If the insurance company asks you for a diagnosis code, you can use 787.21 which is dysphagia. *****
Please be aware that you may have two co-pays for this evaluation. Only the Physician's co-pay will be collected at the time of service.

If you are unable or feel you do not need to come for your appointment please be courteous and cancel your appointment. You may just leave a message so that another family can be scheduled that are waiting for an appointment.

PLEASE BRING A MEAL THAT YOUR CHILD IS TYPICALLY EATING AS WELL AS THEIR UTENSILS. The evaluation will last approximately 1- 1-½ hours.

Your appointment is scheduled for _____ @ _____. Attached you will find two surveys that we would appreciate you **completing** and **bringing** with you the day of your appointment. Please try to come at least 15 min earlier to register.

Sincerely,

Peggy Eicher, MD-Medical Director

William J. Roche, SLP.D.,BRS-S –Clinical Director

If you require any referral or Authorization you will need to obtain two (2) One for Dr Peggy Eicher and the other for St. Joseph's