



Stony Brook Medicine

**Speech and Hearing
33 Research Way, Suite 4
East Setauket, NY 11733**

Name: _____

Thank you for contacting the Speech, Language and Hearing Department. **Please fill out the history form and bring to your appointment. We MUST have the physician’s order on the day of the appointment. If it is not already at our office, please bring it with you or the appointment will have to be rescheduled.** Cancellations must be made more than 24 hours before the appointment for timely rescheduling.

You are scheduled on _____ for a:

- Voice evaluation – CPT 4 code 92524
- Speech Resonance evaluation -CPT 4 code 92524
- Speech evaluation- CPT 4 code 92522
- Adult Speech/Language evaluation– CPT 4 code 92523
- Cognitive/ Linguistic evaluation – CPT 4 code 96125
- Other: _____

It's become extremely difficult to remain current on the changes in various health plans. **You should contact your health plan to assure coverage for the appointment(s) noted above and question your deductible and co-pay amount.** You will be responsible for your co-pay at the time of the appointment and any deductible after insurance determination. **The provider is Stony Brook University Hospital (tax ID # 113243405) - Outpatient Speech and Hearing Department.** Services are billed to the insurance carrier by the hospital billing department 444 - 4151. **If an insurance authorization/referral is required it must be in our department 24 hours before the appointment.**

Thank you for your cooperation. Please contact the department if you have any questions at 631-444-4191.