



Re: _____

Thank you for contacting the Speech, Language and Hearing Department. Please fill out the enclosed forms and bring them 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.

You are scheduled for:

_____ Clinical Dysphagia (swallowing) Evaluation-CPT 4 code 92610
at Outpatient Clinic- 33 Research Way, E. Setauket NY 11733

_____ Videofluoroscopic Swallow Study-CPT 4 codes 92611 & 74230.
at Hospital Radiology Department Level 4 - on a separate day

If you are currently being treated by a speech language pathologist and would like to go directly to the Videofluoroscopic Swallow Study, please ask your speech language pathologist to fax us your clinical feeding/swallowing evaluation for review. We will determine if the clinical exam can be bypassed.

Please be sure to bring any bottles, specialized feeding cups, and/or utensils.
Infants, children and adults on a limited diet must bring food to the appointment to ensure the evaluation can be completed.

According to our records, you have _____.

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 Outpatient Speech and Hearing Department for codes 92610 and 92611 (Radiology charge for Videofluoroscopic Swallow Study is coded as 74230). 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.