



Request for Information

Thank you for your interest in OptumHealth Physical Health. We welcome your questions and comments about our company.

E-mail Subject:

- I would like more information about OptumHealth Physical Health's products, services, and data analysis capabilities.
- I am a health care provider and would like information about joining an OptumHealth Physical Health network.
- I am a new therapist joining an existing Optum contracted group.
- I am a health care provider and would like to become a Managed Physical Network Provider (The Empire Plan), ONLY.

NOTE: If you are an individual with a question about your health care benefits, please call the number on the back of your membership card. If you are an existing customer, with questions about your current account, please contact your account manager.

[UnitedHealthCare Community Plan of Indiana \(/public/document/?documentType=Public&documentName=UnitedHealthCare_Community_Plan_of_Indiana.pdf\)](#)

The following applies to providers interested in participating with Optum and **does not apply to those providers interested in becoming Managed Physical Network Providers:**

In an effort to determine if your business should contract with Optum, please review the following:

- Optum contracts with chiropractors and outpatient physical, occupational and speech therapy providers/clinics.
- Optum also contracts with complementary and alternative medicine providers (CAM) such as acupuncturists, naturopaths and massage therapists.

Optum does not contract with:

- MDs, DOs or other sub-specialties.
- Therapy Provider practices that share a Tax Identification Number (TIN) with an MD, DO, PhD, or DDS.
- Providers who share a TIN with a hospital based entity.
- Home health agencies or therapists who perform home visits.
- Physical and occupational therapy assistants.

Provider Information

Specialty*

Speech Therapist ▼

TIN*

872006036

NPI*

1164715413

Clinical/Facility Information

Name*

Strategic Skills Speech Therapy, LLC

Service Address*

1508 Heather Hill Lane

City*

Cookeysville

State*

Maryland



Zip*

21030

Phone*

(443) 642-0379

Fax*

(443) 657-8739

Email*

vanessa@amromed.com

Contact Name*

Nichole L Jones

Submit

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