

HEALTHCHOICE

3545 NW 58th, Suite 500, Oklahoma City, OK 73112
Phone: 1-800-543-6044 or 1-405-717-8879
FAX: 1-405-717-8947 or 1-405-717-8935

PHYSICAL THERAPY REQUEST

This information is private and confidential.

(◆) Billing Provider: _____ (◆) Date: _____
(◆) Billing Address: _____
(◆) TIN: _____ Contact Person : _____
Phone: _____ (◆) Fax # : _____
(◆) Referring Physician : _____ (◆) Diagnosis : _____
(◆) Patient: _____ (◆) DOB: _____
(◆) Member (if other than patient): _____ (◆) Member ID #: _____
(◆) Date of surgery: _____

Summary Progress Towards Current PT Goals: _____

New PT Goals: _____

TREATMENTS

CERT MET / PENALTY APPLIES

Initial Evaluation: _____ Total # Additional Treatments Requested: _____
2nd Evaluation: _____ Frequency of Treatments Requested: _____
Total # of Treatments to Date This Calendar Year: _____ Beginning Date for Additional Treatments: _____
Ending Date for Additional Treatments: _____

*****FOR HEALTHCHOICE USE ONLY (Do Not Write Below This Line)*****

CERT MET / PENALTY APPLIES

Extension #1	<u>Circle One</u>	APPROVED	DENIED	Reviewer	Date
# of Treatments Approved			Start Date		Ending Date

CERT MET / PENALTY APPLIES

Extension #2	<u>Circle One</u>	APPROVED	DENIED	Reviewer	Date
# of Treatments Approved			Start Date		Ending Date

COMMENTS: _____

NOTE: These benefits are applicable only if the patient is eligible for HealthChoice, and are subject to ALL POLICY PROVISIONS. Please remember to verify benefits and eligibility by calling 1 (800) 782-5218.
MEDICARE PATIENTS: If HealthChoice is supplement, all services requested must initially be approved by Medicare.

(◆) DENOTES INFORMATION REQUIRED TO COMPLETE REVIEW FOR CERTIFICATION