



Utilization Management
Phone No.: 1-877-284-0102 Fax No.: 1-800-510-2162

Physical/Occupational Therapy Pre-Review

Date: _____ Notification # _____ (provided after initial review)
A Utilization Management representative will fax you a notification number by the next business day after receiving this completed form. This notification number does not indicate an approval or denial of benefits, but only proof that the Plan has been notified. This information will be forwarded to the Plan's Managed Care department. If you have any questions, please call Healthlink at 1-877-284-0102.

A copy of the physician's order for services and a copy of the initial evaluation are required prior to review of the requests of initial and ongoing services.

Provider Information

Provider/Facility Name _____
 Address _____
 Phone No. _____ Fax No. (Required) _____

Patient Information

Patient's Name: _____ Patient's DOB: _____
 ID Number _____ Daytime Phone No. _____
 Address _____

Ordering Physician Information

Physician's Name: _____
 Address _____
 Phone No. _____ Fax No. _____
 TIN: _____ Doctor's script on file? Yes No

Treatment Information

Type of Service: Physical Therapy Occupational Therapy
 Dates Patient has been seen: _____ Height: _____ Weight: _____
 Diagnosis: Primary _____ Secondary _____
 Request: Frequency of visits: _____ No. of visits requested: _____
 Projected Release Date to Home Exercise Program: _____
 Length of Treatment: _____

	Initial Evaluation	Current Status
Date		
Pain Level		
Range of Motion		
Strength		
Treatment Plan		
Goals		
Comments		
Next doctor's Appt.		

Contact Information

Contact Person _____
Phone No. _____ Fax No. _____

Staff Signature/Title: _____ Date: _____

Benefits depend upon the eligibility of the patient at the time of admission, subject to all other Plan limitations, pre-admission review requirement and prior related claims. Verification of eligibility and description of benefits are based upon the information we have on file and does not guarantee payment.