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

Speech 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's 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
Diagnosis: Primary _____ Secondary _____
START DATE: _____ Height:_____ Weight:_____
ANTICIPATED DISCHARGE DATE: _____
Request: No. of visits: #_____ from_____ through_____
(Date) (Date)

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.

Updated 03/27/08