



District of Columbia

https://providers.amerigroup.com/DC

# Physical Therapy/Occupational Therapy Fax Request Form

### Instructions:

- Use this form when requesting prior authorization of therapy services for Amerigroup District of Columbia, Inc. members.
- Complete all sections and fax this request form along with all supporting clinical documentation to Amerigroup at 1-844-495-4421. (This completed form should be the first page of the fax after the coversheet.)
- Ensure that this form is a **direct copy** from the **master**.
- Print, in black ink, one character per box for **all** requested information and completely fill in each checkbox where applicable.
- Call Amerigroup Provider Services toll free at 1-800-454-3730 for assistance in completing this form.

### PROVIDER INFORMATION:

Group name

Facility or provider name

Street address

City

State

ZIP

Telephone number

Fax number\*

*\*This fax number will be used to confirm your address/location if we are unable to contact you using the fax number on file with Amerigroup.*

National Provider Identifier (NPI)

Tax ID number

Group NPI number  Facility NPI number

Group tax ID number  Facility tax ID number

### PATIENT INFORMATION:

First name

Last name

Date of birth (mm/dd/yyyy)

Amerigroup member ID number

OR

Medicaid member ID number

### REQUEST INFORMATION:

Request for:

- Onset/commencement of therapy services
- Extension of therapy services
- Other procedure: \_\_\_\_\_

Is this a request for postoperative therapy visits?

Yes  No

Initial evaluation date (mm/dd/yyyy)

Service type:

- Physical therapy
- Occupational therapy

Diagnosis code

CPT code

Fax date: \_\_\_\_\_ Number of pages faxed: \_\_\_\_\_