Amerigroup
An Anthem Company

https://providers.amerigroup.com

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:_____

Service type:

☐ Physical therapy
☐ Occupational therapy

Is this a request for postoperative therapy visits?

☐ Yes ☐ No

Initial evaluation date (mm/dd/yyyy)

Diagnosis code **CPT code**

Fax date: _____ Number of pages faxed: _____