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 Community Care members.
- Complete all sections and fax this request form along with all supporting clinical documentation to Amerigroup at 1-866-920-6180. (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

VISIT INFORMATION:

Requesting start date

Requesting end date

Number of visits requested

Fax date: _____ Number of pages faxed: _____