



35427



Amerigroup RealSolutions in healthcare

# Therapy Fax Request Form

Please fax to OrthoNet at: 1-855-596-7626

Fax Date: \_\_\_\_\_ # of Pages Faxed: \_\_\_\_\_

## THERAPY PROVIDER INFORMATION

### Facility or Provider Name

### Street Address

### City

### State

### ZIP

### Telephone Number

### Fax Number\*

\* The above 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 Community Care.

### Billing National Provider Identifier (NPI)

### Provider Tax ID Number

Individual NPI Number     Facility NPI Number     Individual Tax ID Number     Facility Tax ID Number

## PATIENT INFORMATION:

### First Name

### Last Name

### Date of Birth

Month

Day

Year

### Amerigroup Member ID Number

### Medicaid Member ID Number

OR

## REQUEST INFORMATION:

### Request for:

- Onset (Commencement) of Therapy Services
- Extension of Therapy Services
- Other Procedure: \_\_\_\_\_

### Service Type:

- Physical Therapy
- Occupational Therapy

### Is this request for post-operative therapy visits?

Yes     No

### Initial Evaluation Date

Month

Day

Year

### Diagnosis Code (ICD-9 or ICD-10 Format)

**Instructions:** 1. Use this form when requesting prior authorization of therapy services for Amerigroup members.

2. Please complete and fax this request form along with all supporting clinical documentation to OrthoNet at 1-855-596-7626.

(This completed form should be page 1 of the fax.)

3. Please ensure that this form is a DIRECT COPY from the MASTER.

4. Please PRINT, in black ink, one character per box for ALL requested information and completely fill in each circle for selection where applicable.

5. For assistance in completing this form, please call OrthoNet provider services toll free at 1-855-596-7618.

**NOTE:** The information transmitted is intended only for the person or entity to which it is addressed and may contain CONFIDENTIAL material. If you receive this material/information in error, please contact the sender and delete or destroy the material/information.



OrthoNet

MDPEC-0654-14

For Internal Office Use Only

OA     OS     OP

35427

