

OUTPATIENT REHABILITATIVE THERAPY SERVICES REQUEST FORM

Phone: (570) 271-5301 Toll Free: 1-800-270-9981 Fax: (570) 271-5302

Request*
<input type="radio"/> Chiropractic <input type="radio"/> Initial Therapy <input type="radio"/> Concurrent <input type="radio"/> Spine Bundle Therapy Authorization Number: _____
Requested Service*
<input type="radio"/> PT <input type="radio"/> OT <input type="radio"/> ST <input type="radio"/> Chiro
Member Information
Member Name:* _____ DOB:* _____ Member ID:* _____
Referral Source
Referring Provider Name:* _____ Phone Number:* _____ Fax Number:* _____
Rehab Provider
Referring Provider Name:* _____ GHP Provider ID #:* _____ Phone Number:* _____ Fax Number:* _____
ICD 10 Codes*

ICD 10 Description*

Start of Care* (enter date)

Specialty Requests*
<input type="radio"/> One (1) Visit <input type="radio"/> Functional Capacity Evaluation
Other Insurance
<input type="radio"/> Workman's Comp <input type="radio"/> Auto
Company: _____ Contact: _____
Requestor:* _____ Date:* _____

*Indicates a required field

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