

OUTPATIENT REHABILITATIVE THERAPY SERVICES REQUEST FORM

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

Request*			
Chiropractic	Initial Therapy	Concurrent Therapy	Spine Bundle
Therapy Authorization Number: _____			
Requested Service*			
PT	OT	ST	Chiropractic
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*			
One (1) Visit	Functional Capacity Evaluation		
Other Insurance			
Workman's Comp	Auto		
Company: _____		Contact: _____	
Requestor:* _____		Date:* _____	

*Indicates a required field

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