CLEAR FORM

Physicians Health Plan

P.O. Box 30377
Lansing, MI 48909-7877

Outpatient Rehabilitation Request Form

Please include the following **required** documentation with this completed form:

Initial Request After Evaluation:

- ✓ Physician Order
- ✓ Initial Evaluation
- ✓ Home Exercise Plan

Continued Visit Request:

- ✓ Assessment of Progress Toward Goals
- ✓ Plan of Care
- ✓ Physician signed Plan of Care for visits after the initial Physician order has expired

Fax all requests to 517.364.8409 between 8 a.m. and 5 p.m. EST, Monday through Friday

Patient Information	Ordering Physician Information
Today's Date:	Ordering Provider Name:
Member Name:	Office Phone:
Member's PHP ID#:	Office Fax:
Date of Birth:	Office Address: *(include city, state, zip)*

Treatment/Request Information

Primary ICD-10 Diagnosis Code:	Additional ICD-10 Codes:	Date of Initial Evaluation:
Visit Type: ☐ PT ☐ OT ☐ ST ☐ Pulmonary Rehab ☐ Cardiac Rehab	Number of Visits Requested:	Number of visits already provided for this diagnosis/episode:

Is this service request related to: ☐ Surgical Procedure ☐ CVA/Stroke ☐ Accidental Injury ☐ Worker's Comp. Injury
If yes to any of the above, what is the date and type of surgery or injury?

Dates of Service for this Request: *(Start date to end date)*	PHP Authorization Number (if this request is an extension of service):

Treating Facility Information

Facility Name and NPI #:	Contact Person:
Phone Number:	Fax Number:

Facility Address: *(include city, state, zip)*

OUTCOME (*PHP use only*)

Review Determination:

☐ Approved as Requested ☐ Approved with Changes Authorization Number: _____

Visit Type: ☐ PT ☐ OT ☐ ST ☐ Pulmonary Rehab ☐ Cardiac Rehab

Number of Therapy Visits Approved: _____ Dates of Service From: _____ To: _____

PHP Reviewer Name: _____ Date: _____

The documents accompanying this telecopy transmission contain confidential information that belongs solely to the sender. The information contained herein is intended only for the use of the individual or entity named above. The authorized recipient of this information is prohibited from disclosing this information to any other party and is required to destroy the information after its stated need has been fulfilled, unless otherwise required by law. If this information is of a peer nature, please note that the records, data, and knowledge collected for or by individuals or committees assigned a review function are confidential and are not subject to a court subpoena or discovery request. If you are not the intended recipient of this information, you are hereby notified that any disclosure, copying, distribution or action taken in reliance on the contents of these documents is strictly prohibited. If you have received this telecopy in error, please notify the sender immediately to arrange for the return of these documents.