

## 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: <i>(include city, state, zip)</i>	
Treatment/Request Information			
Primary ICD-10 Diagnosis Code:		Additional ICD-10 Codes:	Date of Initial Evaluation:
Visit Type: <input type="checkbox"/> PT <input type="checkbox"/> OT <input type="checkbox"/> ST <input type="checkbox"/> Pulmonary Rehab <input type="checkbox"/> Cardiac Rehab		Number of Visits Requested:	Number of visits already provided for this diagnosis/episode:
Is this service request related to: <input type="checkbox"/> Surgical Procedure <input type="checkbox"/> Accidental Injury <input type="checkbox"/> Worker's Compensation Injury If yes to any of the above, what is the date and type of surgery or injury?			
Dates of Service for this Request: <i>(Start date to end date)</i>		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: <i>(include city, state, zip)</i>			
OUTCOME (PHP use only)			
Review Determination: <input type="checkbox"/> Approved as Requested <input type="checkbox"/> Approved with Changes    Authorization Number: _____			
Visit Type: <input type="checkbox"/> PT <input type="checkbox"/> OT <input type="checkbox"/> ST <input type="checkbox"/> Pulmonary Rehab <input type="checkbox"/> Cardiac Rehab			
Number of Therapy Visits Approved: _____ Dates of Service From: _____ To: _____			
PHP Reviewer Name: _____ Date: _____			

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