

OUTPATIENT REHAB REQUEST FORM

Please fax completed form and all supporting documentation to
410-801-5701

Please check the appropriate priority. Requests without a selected priority will be processed as Standard.

Standard **Please select the proper review type:** Pre-Service Post-Service

Expedited (*pre-service only; post-service requests do not qualify for expedited review*)

I certify that waiting for a decision under the standard time frame could place the member's life, health, or ability to regain maximum function in serious jeopardy.

Physician Signature Required: _____

Member Information:

First Name:

Last Name:

Date of Birth:

Member ID:

Facility Information: Please enter the information for where services will be rendered.

Name:

NPI and Tax ID:

Address:

Contact Name & Phone:

Fax:

Select the requested outpatient rehabilitation service. No authorization is required for the initial 12 visits within 90 days for participating providers. Out of Network providers require authorization for all services.

Physical Therapy Occupational Therapy Speech Therapy

Start Date:

End Date:

Number of Sessions/Visits:

Place of Service (POS):

Diagnosis Code(s):

Diagnosis Code Description(s):

This authorization does not guarantee payment of claim. All authorizations are subject to eligibility requirements and benefit plan limitations. **Services are not considered authorized until Alterwood Advantage issues an approval.** For a list of services that require PA or if you need to speak to a Utilization Management Representative, please call 667-262-9429 or toll free at 1-866-274-3265.