

HEALTHCHOICE

3545 NW 58th, Suite 500, Oklahoma City, OK 73112
Phone: 1-800-543-6044 or 1-405-717-8879
FAX: 1-405-717-8947 or 1-405-717-8935

CHIROPRACTIC TREATMENT REQUEST

This information is private and confidential.

(◆) Billing Provider: _____ (◆) Date: _____

(◆) Billing Address: _____

(◆) TIN: _____ Contact Person : _____

Phone: _____ (◆) Fax # : _____

(◆) Patient: _____ (◆) DOB: _____

(◆) Member: _____ (◆) Member ID #: _____

Diagnosis & Summary of Care: _____

Original Short/Long Term Goals: _____

New Goals: _____

TREATMENTS

CERT MET / PENALTY APPLIES

Initial Evaluation Date: _____ Total # Additional Treatments Requested: _____

Total # of Treatments to Date This Calendar Year: _____ Frequency of Treatments Requested: _____

Beginning Date for Additional Treatments: _____ Ending Date for Additional Treatments: _____

*******FOR HEALTHCHOICE USE ONLY (Do Not Write Below This Line)*******

CERT MET / PENALTY APPLIES

Extension #1 Circle One APPROVED DENIED Reviewer Date

of Treatments Approved Start Date Ending Date

CERT MET / PENALTY APPLIES

Extension #2 Circle One APPROVED DENIED Reviewer Date

of Treatments Approved Start Date Ending Date

COMMENTS: _____

NOTE: These benefits are applicable only if the patient is eligible for HealthChoice, and are subject to ALL POLICY PROVISIONS. Please remember to verify benefits and eligibility by calling 1 (800) 782-5218.

MEDICARE PATIENTS: If HealthChoice is supplement, all services requested must initially be approved by Medicare.

(◆) **DENOTES INFORMATION REQUIRED TO COMPLETE REVIEW FOR CERTIFICATION**