

# HEALTHCHOICE

3545 NW 58<sup>th</sup>, 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

## OCCUPATIONAL THERAPY REQUEST

**This information is private and confidential.**

(◆) Billing Provider: \_\_\_\_\_ (◆) Date: \_\_\_\_\_  
(◆) Billing Address: \_\_\_\_\_  
(◆) TIN: \_\_\_\_\_ Contact Person : \_\_\_\_\_  
Phone: \_\_\_\_\_ (◆) Fax # : \_\_\_\_\_  
(◆) Referring Physician : \_\_\_\_\_ (◆) Diagnosis : \_\_\_\_\_  
(◆) Patient: \_\_\_\_\_ (◆) DOB: \_\_\_\_\_  
(◆) Member (if other than patient): \_\_\_\_\_ (◆) Member ID #: \_\_\_\_\_

Summary Progress Towards Current OT Goals: \_\_\_\_\_

New OT Goals: \_\_\_\_\_

### TREATMENTS

**CERT MET  / PENALTY APPLIES**

Initial Evaluation: \_\_\_\_\_ Total # Additional Treatments Requested: \_\_\_\_\_  
2<sup>nd</sup> Evaluation: \_\_\_\_\_ Frequency of Treatments Requested: \_\_\_\_\_  
Total # of Treatments to Date This Calendar Year: \_\_\_\_\_ 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	<u>Circle One</u>	APPROVED	DENIED	Reviewer	Date
# of Treatments Approved			Start Date		Ending Date

**CERT MET  / PENALTY APPLIES**

Extension #2	<u>Circle One</u>	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**