

HEALTHCHOICE

OSTEOPATHIC PHYSICAL MEDICINE TREATMENT INFORMATION

3545 NW 58th Street, Suite 500 -- Oklahoma City, Oklahoma 73112

Phone 1-800-543-6044 or 1-405-717-8879

Fax # 1-405-717-8935 or 1-405-717-8947

This Information is private and confidential.

Date: _____

Physician _____

Address _____

Contact Person _____

Phone _____

Fax # _____

Patient _____

DOB _____

Member's Name _____

Member's ID# _____

Diagnosis & Summary of Care _____

Original Short/Long Term Goals _____

New Goals _____

EVALUATION DATES

TREATMENTS

Initial Evaluation _____

Total Treatments to Date _____

2nd Evaluation _____

Number (#) of Additional Tx's Being Requested _____

3rd Evaluation _____

Frequency of Treatments Begin Requested _____

Beginning Date for Additional Treatments _____

Ending Date for Additional Treatments _____

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

Extension #1 Circle One APPROVED DENIED Reviewer _____ Date _____

of Treatments Approved Start Date _____ Ending Date _____

Extension #2 Circle One APPROVED DENIED Reviewer _____ Date _____

of Treatments Approved Start Date _____ Ending Date _____

COMMENTS _____

These benefits are applicable only if the patient is eligible for the Employees Group Insurance program and are subject to **ALL POLICY PROVISIONS**. Please remember to verify benefits and eligibility by calling 1-800-782-5218.

MEDICARE PATIENTS: If the Employees Group Insurance Program is supplement, all services requested must be approved by Medicare. Rev. April, 2008