

HEALTHCHOICE

3545 N.W. 58th St., Ste. 500, Oklahoma City, OK 73112
Phone: 1-405-717-8879 or toll-free 1-800-543-6044
FAX: 1-405-717-8947 or 1-405-717-8935

PHYSICAL THERAPY REQUEST

This information is private and confidential.

Billing Provider: _____ Date: _____

Billing Address: _____

TIN: _____ Contact Person: _____

Phone: _____ Fax #: _____

Referring Physician: _____ Diagnosis Codes: _____

Patient: _____ DOB: _____

Member (if other than patient): _____ Member ID #: _____

Type of Surgery: _____ Date of Surgery: _____

Summary Progress Towards Current PT Goals:

New PT Goals:

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

Date of Second Evaluation: _____ Frequency of Treatments Requested: _____

Total # of Treatments to Date This Calendar Year: _____ Beginning Date for Additional Treatments: _____

Ending Date for Additional Treatments: _____

Comments:

Note: Benefits are applicable only if the patient is an eligible, enrolled member of a HealthChoice health plan. All benefits are subject to the deductible, coinsurance and policy provisions. Please verify benefits and eligibility by calling the medical claims administrator at 1-405-416-1800 or toll-free 1-800-782-5218.

Medicare Patients: If HealthChoice is the Medicare supplement insurance carrier, authorization from HealthChoice is not required. Please contact Medicare.