

Network Health Therapy Authorization Request Form

Fax Request *Commercial Care Management Dept: (920) 720-1903*
Medicare Care Management Dept: (920) 720-1916
Telephone: *Commercial Care Management Dept: (920) 720-1600*
Medicare Care Management Dept: (920) 720-1602

***Form Completed by:**

***Date Form Completed:**

If this is a request to extend services, please enter the original authorization number:

MEMBER INFORMATION	ORDERING PROVIDER INFORMATION	RENDERING PROVIDER INFORMATION
*Member/Patient Name:	*Ordering Provider:	*Rendering Provider & Facility:
*DOB:	Phone #:	Phone #:
Member ID #:	Fax #:	*Fax #:
*Diagnosis:		NPI #:
*ICD-9:		

	*Type of Therapy (PT, ST or OT)	*Beginning Date of Service	*Ending Date of Service	*Number of Visits (If extension request, please provide supporting therapy notes)	*Treatment Diagnosis Description	Comments
1	_____					
2	_____					
3	_____					
4	_____					
5	_____					
6	_____					
7	_____					
8	_____					

*** Required Fields**

If you have questions about benefits, please call Customer Service at 1-800-826-0940 or (920) 720-1300 for Network Health Commercial members and 1-800-378-5234 or (920) 720-1345 for Medicare Advantage members. If there is insufficient information, the form will be returned.

Network Health Only	Authorization #:	# Units Approved:
Care Management Coordinator: _____	Date Authorized: _____	Start Date: _____ End Date: _____