



Therapy Fax Request Form

Please fax to OrthoNet at: 1-888-875-9481

an Independent Licensee of the Blue Cross and Blue Shield Associa	
THERAPY PROVIDE	ER INFORMATION
Facility or Provider Name	
Street Address	
City	State ZI P
Telephone Number	Return Fax Number
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	The above fax number will be used to confirm your address/ location if ye are unable to contact you using the fax number on file with BCBSI L.
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O Individual NPI Number O Facility NPI Number	○ Individual Tax ID Number ○ Facility Tax ID Number
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PATIENT INFORMATION:	
First Name Last Name	Date of Birth
BCBSIL Member ID Number	Month Day Year
DCBSIL Member ID Number	
REQUEST INFORMATION:	
Request for:	Is this request for post-operative therapy visits?
O Onset (Commencement) of Therapy Services	O Yes O No
O Extension of Therapy Services	Initial Evaluation Date
O Other Procedure:	
Service Type:	
O Physical Therapy	Diagnosis Code (ICD-9 or ICD-10 Format)
O Occupational Therapy	

Instructions: 1. Use this form when requesting prior authorization of therapy services for BCBSIL members.

- 2. Please complete and Fax this request form along with all supporting clinical documentation to OrthoNet at 1-888-875-9481. (This completed form should be page 1 of the Fax.)
- 3. Please ensure that this form is a DIRECT COPY from the MASTER.
- 4. Please PRINT, in black ink, one character per box for ALL requested information and completely fill in each circle for selection where applicable.
- 5. For assistance in completing this form, please call OrthoNet provider services toll free at 1-888-875-9480.

<u>NOTE:</u> The information transmitted is intended only for the person or entity to which it is addressed and may contain CONFIDENTIAL material. If you receive this material/information in error, please contact the sender and delete or destroy the material/information.



For Internal Office Use Only



