



Intervention RX[™]

Complete all required information, print the form and fax to the Clinical Services Department at 614-839-5397.

**Please note - if prescription records are unavailable, an Intervention RX™ cannot be completed.

- 1. Date submitted:
- 2. Injured Party Information:
 - a. Name
 - b. Date of birth
 - c. Address
 - d. Phone number
 - e. Social Security number
 - f. Employer's name
 - g. Job title/description
- 3. Claim Information:
 - a. Claim number
 - **b.** Claim type

Workers' Compensation

Auto No-Fault

- **c.** Date of injury
- d. State of jurisdiction
- e. Accident description
- f. Diagnosis/Allowed conditions
- g. Restrictions
- h. Non-compensable conditions
- 4. Claims Professional information:
 - a. Name
 - b. Insurance company
 - c. Address
 - d. City, State, Zip code
 - e. Phone number
 - f. E-mail address
 - g. Fax number





5. Physician information:

- a. Name
- b. Address
- c. Phone number
- d. Fax number
- e. Facility name (if applicable)
- f. Specialty (if applicable)
- 6. Medical records for the original injury and 12-24 months medical history will be provided:

🗌 By Mail	Electronically (FTP upload)] Via Fax
	(≥ 25 pages)	(< 25 pages)

7. Reason for request and review type needed:

Standard (six or less medications and less than one inch thick record size)

Pharmacist	Review
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Pharmacist/Physician Review

Optional Physician Intervention

Or

Complex (greater than six medications and/or greater than one inch record size)

view

Pharmacist/Physician Review

Optional Physician Intervention

Note: Optional Physician Review can be requested with a standard or complex intervention for an additional charge.

Progressive Medical's Clinical Services team will confirm level of referral after receipt of records.

8. Comments/special instructions/other issues:





Please include the following with your request

- Completed referral form
- Medical records from the original injury (i.e., First report of injury and initial treatment provided)
- Medical history over the past 12-24 months
 - Healthcare provider's notes, plans of treatment, lab results, etc.
 - Independent Medical Evaluations or Peer Reviews completed for the claim (regardless of date of exam)
- Complete current pharmacy records over the past 12-24 months (<u>must</u> include name of medications, strength, quantity dispensed, days supply, refill information, physician name and pharmacy name)
- List of all compensable conditions (related diagnosis and additional allowances)
- List of all non-compensable conditions (unrelated diagnosis)
- History of present illness

Submit the request

Complete all the required information, print the form and submit to the Clinical Services department via the fax number listed on the form. Required documents should be sent in the following manner:

- If there are 1-25 pages, fax to 1-614-839-5397
- If there are more than 25 pages, mail to:

Progressive Medical, Inc.

Attention: Clinical Services Department 250 Progressive Way Westerville, OH 43082

-OR-

 Upload electronic documents to: <u>ftp.progressive-medical.com</u> Contact the Clinical Services Department at 866-742-7676 for user name and password





FOR INTERNAL USE ONLY – DO NOT COMPLETE

- 1. Date request received:
- 2. Date request for information sent to claims professional:
- 3. Date information received:
- 4. Date Intervention RX[™] completed and mailed:
- 5. Date of confirmation of receipt of Intervention RX™:
- 6. Miscellaneous information: