



Therapy Medicare Advantage Prior Authorization Request Form

Please fax to OrthoNet at: 1-844-340-6419

Fax Date: _____ # of Pages Faxed: _____

Therapy Provider Information

Facility or Provider Name

Street Address

City

State

ZIP

Telephone Number

Fax Number*

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* The above fax number will be used to confirm your address/ location if we are unable to contact you using the fax number on file with ANTHEM BC/ BS.

Billing National Provider Identifier (NPI)

Provider Tax ID Number

Individual NPI Number Group or Facility NPI Number

Individual Tax ID Number Group or Facility Tax ID Number

PATIENT INFORMATION:

First Name

Last Name

Date of Birth

/ /

Month

Day

Year

ANTHEM BC/ BS Member ID Number

Medicare Member ID Number

OR

REQUEST INFORMATION:

Request for:

- Onset (Commencement) of Therapy Services
- Extension of Therapy Services
- Other Procedure: _____

Service Type:

- Physical Therapy
- Occupational Therapy

Is this request for post-operative therapy visits?

- Yes No

Initial Evaluation Date

/ /

Month

Day

Year

Diagnosis Code (ICD-10 Format)

- Instructions:**
- Use this form when requesting prior authorization of therapy services for ANTHEM BCBS Medicare Advantage members.
 - Please complete and Fax this request form along with all supporting clinical documentation to OrthoNet at 1-844-340-6419. (This completed form should be page 1 of the Fax.)
 - Please ensure that this form is a DIRECT COPY from the MASTER.
 - Please PRINT, in black ink, one character per box for ALL requested information and completely fill in each circle for selection where applicable.
 - For assistance in completing this form, please call OrthoNet provider services toll free at 1-844-340-6418.

NOTE: 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.



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