



53525

HUMANA Therapy Fax Request Form

PLEASE USE THIS FORM FOR ALL HUMANA MEMBERS

Fax Date: _____ # of Pages Faxed: _____ Please fax to OrthoNet at: 1-800-863-4061

THERAPY PROVIDER INFORMATION

Facility Name

[Grid for Facility Name]

Street Address

[Grid for Street Address]

City

[Grid for City]

State

[Grid for State]

ZIP

[Grid for ZIP]

Telephone Number

([Grid]) [Grid] - [Grid]

Fax Number

([Grid]) [Grid] - [Grid]

Provider Tax ID Number

[Grid for Provider Tax ID Number]

National Provider Identifier (NPI)

[Grid for National Provider Identifier (NPI)]

Facility Tax ID Number

Individual Tax ID Number

Facility NPI Number

Individual NPI Number

PATIENT INFORMATION:

First Name

[Grid for First Name]

Last Name

[Grid for Last Name]

Date of Birth

[Grid] / [Grid] / [Grid]
Month Day Year

HUMANA Member ID Number

[Grid for HUMANA Member ID Number]

Diagnosis Code (ICD-10 Format)

[Grid for Diagnosis Code]

REQUEST INFORMATION:

Request for:

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

Service Type:

- Physical Therapy
- Occupational Therapy
- Speech Therapy

Is this request for post-operative therapy visits?

Yes No

If this is a HUMANA Medicare Advantage PFFS member, is this request for an Advanced Coverage Determination (ACD)?

Yes No

Initial Evaluation Date

[Grid] / [Grid] / [Grid]
Month Day Year

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

2. Please complete and Fax this request form along with all supporting clinical documentation to OrthoNet at 1-800-863-4061.

(This completed form should be page 1 of the Fax.)

3. Please PRINT, in black ink, one character per box for ALL requested information and completely fill in each circle for selection where applicable.

4. For assistance in completing this form, please call OrthoNet provider services toll free at 1-800-862-4006.

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.



For Internal Office Use Only

OA OS OP



Shade Circles Like This -----> Not Like This ----->