

## PT, OT and SLT Prior Authorization Form

*A prior authorization is **not a guarantee of eligibility** or benefits under the member's health plan. Payment will be made in accordance with the member's plan benefits at the time the service is rendered. Please call Member Services at (800) 605-4327 if you have questions about benefits. Failure to obtain Prior Authorization may result in GHC-SCW not providing coverage for the service.*

*Processing time frame may take up to 15 Calendar Days for a decision to be made.*

PATIENT INFORMATION	
NAME	DATE OF BIRTH
ADDRESS	MEMBER NUMBER
CITY/STATE	ZIP

REQUESTING PROVIDER	SERVICES TO BE PERFORMED AT
REQUESTING PROVIDER NAME	FACILITY/SPECIALTY
FORM SUBMITTED BY:	ADDRESS
PROVIDER'S ADDRESS:	PHONE #:
PHONE #:	FAX #:
FAX #:	TAX ID #
NPI #	NPI #

SERVICES REQUESTED			
Select Therapy: <input type="checkbox"/> Speech Therapy <input type="checkbox"/> Therapy Evaluation Only		<input type="checkbox"/> Physical Therapy	<input type="checkbox"/> Occupational Therapy
DIAGNOSIS CODE: (ICD-10)	DESCRIPTION:	PROCEDURE CODE:	DESCRIPTION:

ADDITIONAL VISITS REQUEST:
Existing Authorization # _____
Number of visits approved: _____ Number of visits used at time of request: _____ Number additional visits requested: _____
Please include the Plan of Care / Treatment Plan along with treatment notes for consideration.

**Prior Authorization and Clinical Information Fax Number: (608) 831-6099**