



15480

# GEHA Therapy Fax Request Form



PLEASE USE THIS FORM FOR ALL GEHA MEMBERS

Fax Date: \_\_\_\_\_ # of Pages Faxed: \_\_\_\_\_ Please fax to OrthoNet at: (877) 304-4398

## THERAPY PROVIDER INFORMATION

### Contact Name

### Provider / Facility Name

### Street Address

### City

### State

### Zip

### Telephone Number

### Fax Number

### GEHA Provider ID Number

### National Provider Identifier (NPI)

And/Or:

And/Or:

### Provider Tax ID Number

☐ Facility Tax ID Number☐ Individual Tax ID Number

## PATIENT INFORMATION

### First Name

### Last Name

### Date of Birth

Month

Day

Year

### GEHA Member ID Number

## REQUEST INFORMATION

### Request for:

☐ Onset (Commencement) of Therapy Services☐ Extension of Therapy Services☐ Other Procedure: \_\_\_\_\_

### Is this request for post-operative therapy visits?

☐ Yes ☐ No

### Service Type

☐ Physical Therapy☐ Occupational Therapy☐ Speech Therapy

### Initial Evaluation Date

Month

Day

Year

### Diagnosis Code (ICD-10 Format)

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

2. Please complete and Fax this request form along with all supporting clinical documentation to OrthoNet at 1-877-304-4398. (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 (877) 304-4399.

**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.

OrthoNet

For Internal Office Use Only

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