

Outpatient Rehabilitation Request Form

Save time and use PHP's EZ auth portal to submit authorizations, click here: [HealthTrio Connect - PHP](#)

To process your request without delay, this form must be completely filled out

Fax all requests to **517.364.8409** between 8 a.m. and 5 p.m. EST, Monday through Friday

Patient Information		Ordering Physician Information	
Today's Date:		Ordering Provider Name:	
Member Name:		Office Phone:	
Member's PHP ID#:		Office Fax:	
Date of Birth:		Office Address: <i>(include city, state, zip)</i>	
Treatment/Request Information (ALL INFORMATION IS REQUIRED IN ORDER TO PROCESS REQUEST)			
Primary ICD-10 Diagnosis Code:		Additional ICD-10 Codes:	Date of Initial Evaluation:
Visit Type: <input type="checkbox"/> PT <input type="checkbox"/> OT <input type="checkbox"/> ST <input type="checkbox"/> Pulmonary Rehab <input type="checkbox"/> Cardiac Rehab			Number of visits already provided for this diagnosis/episode:
CPT/HCPCS codes:			
			# of units
			# of units
			# of units
			# of units
Any additional codes:			
Is this service request related to: <input type="checkbox"/> Surgical Procedure <input type="checkbox"/> CVA/Stroke <input type="checkbox"/> Accidental Injury <input type="checkbox"/> Worker's Comp. Injury If yes to any of the above, what is the date and type of surgery or injury?			
Dates of Service for this Request: <i>(Start date to end date)</i>		PHP Authorization Number (if this request is an extension of service):	
Treating Facility Information			
Facility Name and NPI/TIN:		Contact Person:	
Phone Number:		Fax Number:	
Facility Address: <i>(include city, state, zip)</i>			

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