



OCCUPATIONAL OR PHYSICAL THERAPY REQUEST FOR ONGOING SERVICES

Please Return this cover sheet and all required information to: Attn: Medical Review

Fax: (406) 532-3513

Mail: Allegiance Benefit Plan Management, Inc.

P.O. Box 3018

Phone: (800) 877-1122

Missoula, MT 59806-3018

INFORMATION MUST BE SUBMITTED BY ORDERING PHYSICIAN

Sent By: _____

Patient Name:	Patient Health Plan ID #:	Patient Date of Birth:
Provider Name:	Provider TIN:	Provider Phone: Provider Fax:
Request Date:	Scheduled Date:	
CPT:	ICD-10 Codes:	

Inpatient

Outpatient

Please provide the following information:

1. A copy of the current prescription from the treatment physician stating the number of visits/frequency of treatment.
2. Treatment notes for the last 60 days of care.
3. Physical Therapy Progress Report (A clinic note with ALL of these elements will suffice)
 - a. Review the patient's progress from the therapist's objective perspective AND the patient's subjective limitations.
 - b. Present the Assessment with functional limitations & outcome measures (ie. Modified Oswestry or other disability score).
 - c. Outline the plan of care for additional therapy, including goals that meet the functional limitations and reason for more therapy. Include reason for not yet transitioning to a home exercise program.
 - d. Estimate the number of visits necessary to meet goals or an estimated discharge date:

Upon receipt of all required information, the Plan will provide a written response to the written request for pre-treatment. Please allow 3-5 business days for a response.

The benefits available are conditional on the participant's employment status, plan eligibility, payment of premium, amount of benefits remaining, plan provisions and plan exclusions. If information obtained at the time of claim places the service(s) in an excluded category or definition, the claim will not be payable. The benefits quoted are not guaranteed. Final determination of benefits to be paid will be made at the time a claim is submitted for payment, with review of the necessary medical records and other information.