



HealthChoice

2401 N. Lincoln Blvd., Ste. 300, Oklahoma City, OK 73105
Phone: 405-717-8879 or 800-543-6044, ext. 8879
Fax: 405-949-5459 or 405-949-5501

CHIROPRACTIC THERAPY REQUEST

This form must be completed and accompany all requests. Incomplete forms will not be reviewed.

Billing provider _____ Date _____

Billing address _____

TIN _____ Contact person _____

Phone _____ Fax _____

Patient _____ DOB _____

Member _____ Member ID _____

Diagnosis codes and summary of care

Original short/long term goals

New goals

Date of initial evaluation: _____ Total # additional treatments requested: _____

Total # of treatments to date this calendar year: _____ Frequency of treatments requested: _____

Beginning date for additional treatments: _____ Ending date for additional treatments: _____

Comments:

**** All information is required for review. Information provided is private and confidential. ****

NOTE: These benefits are applicable only if the patient is an eligible enrolled member of a HealthChoice plan. All benefits are subject to the deductible, coinsurance and policy provisions. Please verify benefits and eligibility by calling the medical claims administrator toll-free at 800-323-4314. **MEDICARE PATIENTS:** If HealthChoice is the Medicare supplement insurance carrier, authorization from HealthChoice is not required. Please contact Medicare.