



# 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

## OCCUPATIONAL 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 \_\_\_\_\_

Type of surgery \_\_\_\_\_ Date of surgery \_\_\_\_\_

Summary progress towards current OT goals

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

New OT goals

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Date of initial evaluation \_\_\_\_\_ Total # additional treatments requested \_\_\_\_\_

Date of second evaluation \_\_\_\_\_ Frequency of treatments requested \_\_\_\_\_

Total # of treatments to date this calendar year \_\_\_\_\_ 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 supplemental insurance carrier, authorization from HealthChoice is not required Please contact Medicare.