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# 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

Facility NPI Number

Individual NPI 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.



For Internal Office Use Only

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