## ST, PT or OT Treatment Request Form

Required for: Dual, Medicare Advantage, and Out-of-Network Requests (Other LOBs are delegated to NIA Magellan)

**Fax:** 1-800-860-8720  
**Questions:** 1-888-FIDELIS (1-888-343-3547)

<table>
<thead>
<tr>
<th>Speech Therapy</th>
<th>Physical Therapy</th>
<th>Occupational Therapy</th>
</tr>
</thead>
</table>

### Member Information

<table>
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<tr>
<th>Fidelis Care Member Name:</th>
<th>Fidelis Care Member ID #:</th>
<th>Date of Birth:</th>
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### Speech Therapy (SP), Physical Therapy (PT), Occupational Therapy (OT) Services

<table>
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<tr>
<th>ICD-10 Diagnosis (Dx) Code(s):</th>
<th>CPT/Procedure Code(s):</th>
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**Date of the initial evaluation:** ___/___/____

**Number of Visits Requested:** _____

**Treatment Start:** ___/___/____  
 **Desired End:** ___/___/____

**Previous treatment rendered to this member by your office?**  
 Y / N

~If Yes, Same condition or treatment area?:  
 Y / N

~Was it within the last 30 days?:  
 Y / N

**Have you used all previously authorized visits?:**  
 Y / N

~If Yes, date of last visit: ___/___/____

~If No, date of anticipated last authorized visit:  
 ___/___/____

Check if applicable:

- Medicare
- Out of Network
- Workers’ Comp
- No-Fault: Date of Injury: ___/___/____
- Developmentally Disabled
- TBI (include waiver)
- Early Intervention Program.

### Speech/Physical/Occupational Referring Provider and Therapist Information

<table>
<thead>
<tr>
<th>Name of Referring Provider:</th>
<th>Referring Provider Phone:</th>
<th>Referring Provider Tax ID or NPI#:</th>
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<table>
<thead>
<tr>
<th>Therapist Name:</th>
<th>Billing Provider ID # / Tax ID:</th>
<th>ST/PT/OT Phone:</th>
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</table>

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<tr>
<th>ST/PT/OT Facility/Group Name:</th>
<th>ST/PT/OT Servicing Address:</th>
<th>ST/PT/OT Fax #:</th>
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</table>

**IPA Affiliation (if applicable):**

- This form is to be completed in its entirety; please fax to 1-800-860-8720. You will be notified of the service determination within the appropriate regulatory timeframe.
- Authorization does not guarantee that benefits will be paid. Claims payment is subject to member eligibility & adherence to correct coding standards.
- Requests after the first 90-day period must provide a new prescription as evidence that the referring provider has been informed of progress to date.
- Requests for services require submission of therapy progress notes.

Rev. 1.7.2020