



MD-Individual Practice Association, Inc. and Optimum Choice, Inc. Rehabilitation Services Extension Request

Please fax this completed form to Clinical Care Coordination Department Rehabilitation at **888-831-5080**. Please allow two business days for extension request decisions. Missing information may result in a delayed response. Decisions are based on the member's plan benefits, progress with the current treatment program, and documented need.

For more information, please call the Clinical Care Coordination Department at 877-842-3210

Member Name			
Member Phone Number		Member ID Number	
DOB			
Facility Name		Facility Tax Identification Number	
Provider Name			
Provider Phone Number		Provider Fax Number	
Provider Address (Street, City, ST, Zip)			
Diagnosis		ICD Code	
Date of Onset/Injury		Surgical Procedure/Date	
Initial Evaluation Date	Last Seen		Number of Visits to Date
Prior Functional Status/Comorbidities			
Check One: Physical Therapy Occupational Therapy Speech Therapy			

Initial/Previous Measurable Status	Present Measurable Status
Pain:	
Neuromusculoskeletal Findings:	
Work/Recreation/HEP:	
Function/Mobility:	
Education:	

Notice of Confidentiality: The documents accompanying this facsimile transmission are confidential and are intended for the addressee. Any unauthorized disclosure, reproduction, distribution or the taking of any action in reliance to the contents of this information is prohibited. If you received this facsimile in error, please notify the sender immediately.

Doc#: PCA17936_2015,_08202018