



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:	

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