



PINAL COUNTY
Wide open opportunity

**PINAL/GILA LONG TERM CARE
REQUEST FOR REFERRAL
THERAPY (PT, OT, ST)
PLEASE FAX ALL REQUESTS TO (520) 866-6717**

MEMBER NAME: _____ MEMBER ID: _____

DOB: _____ OTHER INSURANCE: _____ MEDICARE A B

EPSDT eligible member? Yes NO CRS Eligible member? Yes No

REQUESTED PROVIDER: _____ ID: _____ PHONE: _____ FAX: _____

URGENCY STATUS (see * for definitions of status):

- Standard (Based on members' condition – Not to exceed 14 days)
- Expedited – Urgent (within 3 days)

Date of Service: _____ Appointment Time: _____

Services Requested:

Diagnosis Code	Requested CPT Code	CPT Code Description	Diagnosis Code	Requested CPT Code	CPT Code Description	Diagnosis Code	Requested CPT Code

Treatment for PT OT ST

- Initial evaluation completed? Yes No Date: _____ (attach copy if completed)
- # of treatments provided: _____
- Progress towards Goals: _____

Expected outcome with further therapy intervention: _____

- Requested # of units per treatment _____ # of treatments per week _____ Duration: _____
- Name and phone number of Therapist to contract for questions/clarifications. _____

Please attach the following: (Mandatory)

- Copy of the Physician order or Physician Signature.
- Copy of most recent therapy progress notes and physician treatment order.
- Copy of evaluation if completed.

Referring Provider Information:

Provider Name: _____ ID Number: _____ Contact: _____

Address: _____ City, State, Zip: _____

Phone: _____ Fax: _____ Date: _____

PCP/PCP Designee Signature: _____

PCP Remember: It is your responsibility to assure a copy of this consult/treatment is present in your office/facility medical records.

***Standard Authorization Request:** This is a request that P/GLTC provides a decision as promptly as the member's health condition requires, but not later than 14 calendar days following the receipt of the authorization request. If P/GLTC determines that additional information is needed to process a request and it would be in the member's best interest to pursue this information, P/GLTC will send out a Notice of Extension Letter (NOE) to the member. This letter notifies the member that more time is needed to process the request and that P/GLTC will not take longer than an additional 14 days to reach a decision.

Expedited Authorization Request: A request that P/GLTC provide a decision to the member as promptly as the enrollee's health condition requires, but not later than three working days following the receipt of the authorization request. If P/GLTC determines that additional information is needed to process a request and it would be in the member's best interest to pursue this information, P/GLTC will send out a Notice of Extension Letter (NOE) to the member. This letter notifies the member that more time is needed to process the request and that P/GLTC will not take longer than an additional 14 days to come to a decision.

Referral authorization is not guarantee of payment.