

Insurance Management Services, Inc.
Pre-Determination Request Out-Patient PT, ST and OT Services

Fax to: (806) 373-1458 or Email to Precert.Fax@imsm.net

Please provide supporting documentation for your request, such as History & Physical, Dr. Orders, Plan of Care, office/progress notes, Lab & Diagnostic Imaging reports, and fax along with this form. If these documents are NOT submitted with the request, it is likely that a determination will be delayed.

Request Date: _____ Phone Number: _____
Faxed By: _____ Fax Number: _____

PROVIDER / FACILITY INFORMATION

THERAPIST INFO:

FACILITY INFO:

Name/Cred: _____	Name: _____
Tax ID: _____	Tax ID: _____
Phone: _____	Phone: _____
Fax: _____	Fax: _____
Address: _____	Address: _____
_____	_____

PATIENT INFORMATION

Patient Name: _____ DOB: _____
SS# of Insured: _____ Phone: _____
Employer: _____ GRP/Cert#: _____ / _____

OTHER INFORMATION

Is this request urgent? _____ Has patient been discharged from services? _____

Original Start Date of Therapy: _____ Frequency/Duration: _____

Request For: ST: _____ PT: _____ OT: _____

Total Visits Completed: _____ Total Visits Requested: _____

Diagnosis:

1. _____	ICD-10: _____	LT / RT / BIL / NA
2. _____	ICD-10: _____	LT / RT / BIL / NA

Ordering Physician: _____ Specialty: _____

Tax ID#: _____ Phone: _____

IF YOU HAVE ALREADY PROVIDED CARE, OR ARE REQUESTING ADDITIONAL VISITS, THE FOLLOWING INFORMATION WILL BE NEEDED FOR REVIEW:

- * THE PATIENT'S BASELINE CONDITION
- * PROGRESS NOTES DEMONSTRATING FUNCTIONAL GAINS
- * UPDATED TREATMENT PLAN INCLUDING ALL COMPONENTS OF INITIAL PLAN
- * MEASURABLE SHORT AND LONG TERM GOALS WHICH COINCIDE WITH THE NUMBER OF REQUESTED VISITS

THE DETERMINATION IS BASED ON MEDICAL NECESSITY AND DOES NOT AFFECT OR RESTRICT IN ANY MANNER THE PHYSICIAN'S AUTHORITY OR RESPONSIBILITY FOR PATIENT CARE. ALL BENEFITS ARE SUBJECT TO THE TERMS AND PROVISIONS OF THE EMPLOYER'S HEALTH CARE BENEFIT PLAN AND WILL BE BASED ON THE MEMBER'S ELIGIBILITY STATUS AT THE TIME THE CHARGES ARE INCURRED.