



Simply, the right choice.

COMMUNITY HEALTH PLAN

Therapy Prior Authorization Request

Fax the completed form to (816) 271-1266.

Questions? Call (816) 271-4019 or (800) 447-5819.

To: Care Management **Phone Number:** (816) 271-4019, option 4 **Fax Number:** (816) 271-1266

From: _____

Phone Number: (____) _____ - _____ **Date:** ____/____/____

Speech Therapy Physical Therapy Occupational Therapy

Member Name: _____

Member Number: _____

Referring Physician: _____

Referring Physician's phone number: (____) _____ - _____

Chief Complaint or Diagnosis: _____

Evaluation Date: ____/____/____

Number of visits requested: _____ times per week for _____ weeks (maximum is 12 visits)

Notes: _____

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