PHYSICAL MEDICINE REQUEST FOR REVIEW FORM

Please fax form and supporting documentation to 877-665-0383
PLEASE COMPLETE ALL FIELDS.

Physical Medicine (select one) □ Physical Therapy (PT) □ Occupational Therapy (OT)
*For **PT/OT** requests, please submit this form along with a completed PT/OT Questionnaire.*

Work Conditioning □ PT Only □ OT Only □ PT & OT
*For **Work Conditioning** requests, please submit this form along with documentation of patient's readiness to participate in a work conditioning program.*

Note: Work Hardening does not require utilization review. Please contact claim manager for authorization.

Submitted by:

Contact: _____

Phone #: _____ Ext/Option #: _____ Fax #: _____

Worker Information:

Name: _____ L+I Claim #: _____

Date of Birth: _____ Date of Injury: _____

Treating Provider Information:

Facility/Clinic Name: _____

Facility/Clinic Phone #: _____ L&I Provider ID#: _____

New authorization period requested (dates): From: _____ To: _____

Frequency (# of visits/week) _____ Duration (# of weeks): _____

ICD9-CM Diagnosis Code: _____

Body Part(s) affected *(include side of body and/or level of spine):*_____

_____

Has patient undergone surgical procedure(s)? □ Yes □ No

If yes, indicate procedure(s) and date(s): _____

_____

Prescribing Provider Information:

Provider Name: _____

Provider Fax #: _____ L&I Provider ID #: _____

Qualis Health Use Only - Reference #:

Qualis Health provides only recommendations on medical necessity. L&I makes the final determination regarding authorization.

For program information, call Qualis Health Workers' Compensation at (800) 541-2894 or visit our website:
http://www.qualishealth.org/healthcare-professionals/washington-labor-industries

Internet ***(preferred)***	**Login at:**
This form is ***not*** necessary for iEXCHANGE®.	http://www.onehealthport.com/services/Qualis.php