



**M D-Individual Practice Association, Inc.
and Optimum Choice, Inc.**
Chiropractic Services Extension Request

If a member needs an extension for chiropractic services, please complete and fax this request, along with a copy of the current Consultant Treatment Plan (Primary Care Physician Referral), to 888-831-5080. Please allow two business days for extension request decisions. If information is missing, the response may be delayed. Decisions are based on the member's plan benefits, progress with the current treatment program and documented need. For more information, call the Clinical Care Coordination Department at 877-842-3210.

Member Name		
Member Phone Number	Member ID Number	DOB
Provider Name		Provider Phone Number
Provider Fax Number		
Provider ID Number		Provider Tax ID
Provider Address		
Diagnosis		ICD-10 Code
Date of Onset/Injury		Surgical Procedure/Date
Initial Evaluation Date	Last Seen	Number of Visits to Date
Baseline Functional Status/Comorbidities		

Initial/Previous Measurable Status	Present Measurable Status
Pain	
Neuromusculoskeletal Findings	
Work/Recreation/HEP	
Function/Mobility	
Education	

Notice of Confidentiality: The documents accompanying this facsimile transmission are confidential and are intended for the addressee. Any unauthorized disclosure, reproduction, distribution or the taking of any action in reliance on the contents of this information is prohibited. If you received this facsimile in error, please notify the sender immediately.