



MD-Individual Practice Association, Inc. and Optimum Choice, Inc.  
Rehabilitation Services Extension Request

Please fax this completed form to Clinical Care Coordination Department Rehabilitation at **888-831-5080**. Please allow two business days for extension request decisions. Missing information may result in a delayed response. Decisions are based on the member's plan benefits, progress with the current treatment program, and documented need.

For more information, please call the Clinical Care Coordination Department at 877-842-3210

|  |                         |   |
|--|-------------------------|---|
| <b>Member Name</b>   |                         |   |
| <b>Member Phone Number</b>   | <b>Member ID Number</b> | <b>DOB</b>                                |
| <b>Facility Name</b>   |                         | <b>Facility Tax Identification Number</b> |
| <b>Provider Name</b>   |                         |   |
| <b>Provider Phone Number</b>   |                         | <b>Provider Fax Number</b>                |
| <b>Provider Address</b> (Street, City, ST, Zip)  |                         |   |
| <b>Diagnosis</b>   |                         | <b>ICD Code</b>                           |
| <b>Date of Onset/Injury</b>  |                         | <b>Surgical Procedure/Date</b>            |
| <b>Initial Evaluation Date</b>   | <b>Last Seen</b>        | <b>Number of Visits to Date</b>           |
| <b>Prior Functional Status/Comorbidities</b>   |                         |   |
| <b>Check One:</b> Physical Therapy                  Occupational Therapy                  Speech Therapy |                         |   |

| <b>Initial/Previous Measurable Status</b> | <b>Present Measurable Status</b> |
|---|----------------------------------|
| <b>Pain:</b>                              |                                  |
| <b>Neuromusculoskeletal Findings:</b>     |                                  |
| <b>Work/Recreation/HEP:</b>               |                                  |
| <b>Function/Mobility:</b>                 |                                  |
| <b>Education:</b>                         |                                  |

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