Rehabilitative and Habilitative Services Physical, Occupational, and Speech Therapy (PT, OT, and ST)

Prior Authorization Request Form

TUFTS Health Plan
a Point32Health company

Submit the **completed** form and required documentation for review. We encourage you to complete and submit your request using our secure portals. For details on this and other options, please refer to our How to request prior authorization webpage.

**required field*

Member name:

Member ID # Date of birth: / /

Date of report: / /

*ICD-10 code(s):

*Diagnosis:

Provider name: NPI #

Phone: Fax:

Type of Service Requested (*select one*): Physical therapy (PT) Occupational therapy (OT) Speech therapy (ST)

Type of Request (*select one*): Initial notification/authorization Follow up notification/authorization for ongoing treatment

Previous Rx for this Dx? Yes No

Initial treatment date: / /

Number of visits requested:

Any other diagnosis? Yes No

Frequency of visits:

Total number of visits since initial treatment date:

Signature:

CLEAR FORM