

Contact name:		
Phone number:	Fax number:	

Participant information

Participant name:		
Participant ID number:	Date of birth:	Participant's phone number:
Authorization number, if applicable:		Primary insurance? <input type="checkbox"/> Yes <input type="checkbox"/> No
Name of carrier:	Primary insurer Participant ID:	Primary authorization number:

Provider information

Physician name:		
Physician NPI:	Physician phone number:	Physician fax number:

Codes

ICD diagnosis code	CPT code	Start date	Frequency (number of times per week)	Duration (number of weeks)

Chiropractic evaluation and treatment request

Chief complaint:			
Type of pain: <input type="checkbox"/> Acute <input type="checkbox"/> Chronic	Type of Request: <input type="checkbox"/> Initial <input type="checkbox"/> Ongoing	Percentage of improvement since last request:	
Loss of strength (1-5):	Examination findings:	Date symptoms/recurrence began:	Related surgery:
Pain rating (0-10):	ROM (area and degrees):	Impression of recent radiology studies:	Neuro. exam:

Provide detailed list of ADL limitations

Mild (variable limits)	Moderate (consistent limits)	Severe (unable to complete)
Treatment plan: Spinal manipulation:	Exercises for strength/ROM/endurance:	Engaged in home exercises? <input type="checkbox"/> Yes <input type="checkbox"/> No
Goals:	Prognosis:	

**CLINICAL NOTES TO SUPPORT THE MEDICAL NEED OF THIS SERVICE ARE REQUIRED.
ALL FIELDS MUST BE COMPLETED FOR REQUEST TO BE PROCESSED.**

Important payment notice:

Please note that reimbursement for all rendering network providers subject to the ordering/referring/prescribing (ORP) requirement for an approved authorization is determined by satisfying the mandatory requirement to have a valid Pennsylvania Medical Assistance (MA) Provider ID. Effective January 1, 2018, any claim submitted by rendering network providers that are subject to the ORP requirement will be denied when billed with the NPI of an ORP provider that is not enrolled in MA.

To check the MA enrollment status of the practitioner ordering, referring, or prescribing the service you are providing, visit the DHS provider look-up portal at: <https://promise.dpw.state.pa.us/portal/Default.aspx?alias=promise.dpw.state.pa.us/portal/provider>.