

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:
Facility name:		
Facility NPI:	Facility phone number:	Facility fax number:

### Codes

ICD diagnosis code	Description	CPT codes	Requested units per code

### Pain management information request

<input type="checkbox"/> Initial request <input type="checkbox"/> Second request <input type="checkbox"/> Third request		
<b>If any conservative treatment is contraindicated, please provide detail in clinical notes.</b>		
Percent of relief:	Duration of relief:	Requested dates of service:
Conservative treatments? <input type="checkbox"/> Tried and failed <input type="checkbox"/> Contraindicated		
Opiates? <input type="checkbox"/> Tried and failed <input type="checkbox"/> Contraindicated		
Physical therapy? <input type="checkbox"/> Tried and failed <input type="checkbox"/> Contraindicated <input type="checkbox"/> Other conservative treatment		
Is the pain: <input type="checkbox"/> Unilateral <input type="checkbox"/> Bilateral		
MRI? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Nerve root compression		

**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>.