Total Health Care
Therapy Services Authorization Request Form

Please forward request form and documentation to: thc@pravant.com / Fax: (810) 534-5037

All authorizations will be found on the website within 24 hours of receipt of completed request

Requesting: ☐ OT ☐ PT ☐ ST Today's Date: _____

Member Name: _____ Member's THC ID # _____

Auto Accident Related? ☐ Yes ☐ No

Work Related? ☐ Yes ☐ No

Requested By: _____ Provider ID # _____

Provider Name: _____

Phone: _____ Fax: _____

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Evaluation Date: _____

Start Date: _____

End Date: _____

Total Visits Requested: _____

ICD Diagnosis: _____

ICD Code: _____

Requested HCPCS:

Evaluation ☐ 97003 ☐ 97001 ☐ 92506

PAMs ☐ 97018 ☐ 97035 ☐ 97032 ☐ 97024

Therapeutic ☐ 97110 ☐ 97112 ☐ 97140

Procedure: ☐ 97530 ☐ 97535 ☐ 97760 ☐ 97124 ☐ 97116

Documentation included: ☐ Yes ☐ No

Continuation of Therapy: ☐ Yes ☐ No

Other: _____

Comments: _____

****

OFFICE USE ONLY

Authorization #	Entered Date	# of Visits	History

Comments:

PLEASE NOTE: The number of **UNITS** approved for each HCPC request will be found in the unit's column of the authorization form. The number of **VISITS** that are authorized will now be noted in the Comments section of the Authorization. Thank you.

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