group health Cooperative of eau claire

PT/OT/ST
Prior Authorization Request

Member Information		
Member Name (please print)	Date of Birth	Member ID

Provider Information			
Requesting Provider			
Facility		Tax ID	NPI
Service ☐ PT ☐ OT ☐ ST			CPT Code
Diagnosis			ICD-10
Start Date	Frequency of Visits	Number of Visits Requested	
Provider Contact Name	Phone	Fax	

Please submit clinical documentation to support medical necessity for requested item.

Please indicate if any of the following apply:
☐ MVA ☐ Liability ☐ Worker's Compensation

- Notes are required including most recent testing to make a determination.
- PT prior authorization is required after the 6th visit. OT and ST require prior authorization after the initial evaluation.

Please fax completed form to: Group Health Cooperative of Eau Claire **Fax:** 715.552.7202