



EmblemHealth Benefit Extensions Treatment Plan

To be completed by the provider rendering therapy. Please print clearly or type, and complete the entire form.

Date of this request: ___/___/___		Fax no: 1-212-967-2995	
Patient last name:		Patient first name:	
Date of birth: ___/___/___	Sex: <input type="checkbox"/> M <input type="checkbox"/> F	Policy holder certificate no:	
Insured last name:		Insured first name:	Telephone no:
Name of provider rendering service:			Tax ID no:
Participating provider? <input type="checkbox"/> Y <input type="checkbox"/> N	Office contact:		Par provider no:
Telephone no: ()		Fax no: ()	
Referring physician (full name):			Telephone no: ()
Referring physician address:			
City:			State: ZIP code:
Medical History:			
Requested service (select one): <input type="checkbox"/> PT <input type="checkbox"/> OT <input type="checkbox"/> ST <input type="checkbox"/> MVA-related <input type="checkbox"/> WC-Related <input type="checkbox"/> Allergy - For allergy treatment, injection treatment start date (month/year): ___/___			
Date of illness onset: ___/___/___			
Positive objective findings and comorbidities:			
Diagnoses (description):		Associated surgery (for current diagnosis):	Date: ___/___/___
*ICD code(s):	1. _____	2. _____	3. _____
% improved to date: <input type="checkbox"/> 0% <input type="checkbox"/> 25% <input type="checkbox"/> 50% <input type="checkbox"/> 75% <input type="checkbox"/> 100%			
% improved from previous evaluation: _____		% improved from previous functioning before injury/illness: _____	
What is the expectation of maximum medical improvement (MMI) over time?			
Has therapy been continuous? <input type="checkbox"/> Y <input type="checkbox"/> N		Has patient been instructed in a home exercise program? <input type="checkbox"/> Y <input type="checkbox"/> N	
Number of visits to reach MMI: _____		Prognosis:	
From date: ___/___/___ To date: ___/___/___			
Start of care (this year):		Visits used to date (this year):	

*Effective October 1, 2014, EmblemHealth will support ICD-10 diagnosis codes.

Once a total of 32 visits (including base benefit) have been authorized for a particular treatment area, additional extension requests must be accompanied by a prescription from the attending physician with frequency and duration.

Note: The patient must be eligible for coverage at the time the actual services are rendered.

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