

Mail to: L&I Provider Hotline  
PO Box 44291  
Olympia, WA 98504-4291  
Phone 800-848-0811  
Fax 360-902-6490



# Occupational or Physical Therapy Treatment Authorization Fax Request

Use this form to request continuing authorization for occupational or physical therapy services. Requests for services beyond 24 visits must be sent to Qualis Health (800-541-2894).

## 1. Provider Information

Therapy clinic business name

Contact name

Phone number at therapy clinic

Fax number at therapy clinic

## 2. Worker Information

Worker name

Claim number

Referring physician name

Side and area of body being treated

## 3. Authorization Request Information

Occupational therapy

Physical therapy

To date number of visits in your clinic: \_\_\_\_\_

Requested number of visits \_\_\_\_\_ for dates \_\_\_\_\_ through \_\_\_\_\_. (Use the mm/dd/yyyy format.)

I would like to receive the department's response with a fax.

I would like to receive the department's response with a phone call.

I would like to receive the department's response with an email.

Email response to: \_\_\_\_\_

## 4. Signature

I certify that the worker is showing progress during therapy treatment. The referring physician has recommended continuing therapy treatment and documentation has or will be sent to the department. An initial evaluation report has or will be sent to the department. Progress reports required by the department have or will be sent. Treatment being provided is for the effects of the industrial injury.

Provider's signature

## 5. Department Response

Claim has \_\_\_\_\_ visits as of \_\_\_\_\_.

\_\_\_\_\_ visits are authorized.

Request has been referred to the Claim Manager.

Utilization review (UR) is required. Contact Qualis Health at 800-541-2894.

This is a self-insured claim. Contact: \_\_\_\_\_.

Additional information:

Completed by: \_\_\_\_\_

Date: \_\_\_\_\_