



Washington State Department of
Labor & Industries
 PO Box 44291
 Olympia WA 98504-4291

Fax: 360-902-6490

Physical/Occupational/Massage Therapy Provider Hotline Service Authorization Request

Provider Information

Therapy Clinic/Business Name _____

Contact Name _____

Phone number at therapy clinic _____

Fax number at therapy clinic _____

Worker Information

Worker name _____

Claim number
 Right Left _____
 Area of body being treated

Referring physician name _____

Request Information

Occupational Therapy Physical Therapy Massage Therapy

To date number of visits in your clinic: _____

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

Signature

I certify that the worker is showing and/or is anticipated to show progress during therapy treatment. Treatment is for the effects of the industrial injury. The referring provider has recommended continued treatment. The referral for ongoing treatment, initial evaluation, daily chart notes, and progress reports have been sent to the L&I claim file.

For PT/OT: Most recent Physical Medical Progress Report (PMPR) ([F245-453-000](tel:360453000)) completed on _____:

PMPR faxed to 360-902-4567 Authorization Request faxed to 360-902-6490

Provider's signature _____

Authorization Response – You will receive a response by fax.

Authorized Duplicate Request Referred Missing Information

_____ visits are authorized.

Date span authorized/extension: _____ to _____.

Claim has _____ therapy visits as of _____.

Utilization review (UR) is required. Please call Comagine at 800-541-2894.

This is a self-insurance claim. Please contact: _____.

Remarks

Completed By _____

Date _____

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