

## Rehabilitation services extension request

Members who have been diagnosed as needing additional rehabilitation treatment must be approved for extended services before they can continue treatment under their benefit plan.

For timely review of your extension request, please complete the form below and fax it to Clinical Care Coordination Department – Rehabilitation at 888-831-5080. Please allow 2 business days for a decision. Missing information may result in a delayed response. Decisions are based on the member's plan benefits, progress with the current treatment program and documented need.

Member information			
First name:	Middle name:	Last name:	
Phone number:	Member ID number:	Date of birth:	
Diagnosis:	ICD-10 code:		
Date of onset/injury:	Date of surgery:		
Surgical procedure:			
Date of initial evaluation:	Date last seen:	Number of visits to date:	
Prior functional status/comorbidities:			
Check one: Physical therapy	Check one: Physical therapy Occupational therapy Speech therapy		
	Initial/previous measurable status	Current measurable status	
Pain			
Neuromusculoskeletal findings			
Work/recreation/health enhancement program			
Function/mobility			
Education resources provided to member:			



Provider information			
Facility name:	Facility tax ID number (TIN):		
Provider name:			
Phone number:	Fax number:		
Street address (street, city, state, ZIP code):			



## We're here to help

Chat with a live advocate 7 a.m.–7 p.m. CT from the **UnitedHealthcare Provider Portal**. You can also contact UnitedHealthcare Provider Services at **877-842-3210**, TTY/RTT **711**, 7 a.m.–5 p.m. CT, Monday–Friday.

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