

**USPS / Align Networks
Physical Therapy/Occupational Therapy Request**

To access Align Networks, please fax with supporting medical documentation to 904-394-8342

All fields are required and must be complete. Incomplete requests and requests that are not properly coded with CPT or HCPCS cannot be processed and will be returned.

Date Requested _____ Requested by _____ Phone _____

Case file # _____ Claimant's Name _____

Claimant Date of Birth _____ Date of Injury _____

Provider Name _____

ACS Provider Number _____ Provider Tax ID _____

Are you enrolled with ACS? Yes No

Procedure Code Information: Enter up to Ten Procedure (CPT/HCPCS) codes.

For additional procedures, please complete an additional request.

	Date(s) of Service		Procedure CPT/HCPCS		# of Units per Code	Frequency	Duration	Total # of Units Requested
	From	To	Code	Modifier				
1								
2								
3								
4								
5								
6								
7								
8								
9								
10								

Treatment Plan Information:

Body part to be treated	Side of body / ICD-9	ICD-9 Code

- Is the requested therapy related to post-operative treatment? Yes No
- Surgery Date _____

Treatment Frequency Calculation

* To calculate Total Units/Days Requested, use the following formula for each procedure code requested:

of Units Requested per procedure code x Frequency Requested x Duration Requested

Comments: _____

Please remember to send prescription with requests for physical or occupational therapy. Please put Case File # on every page faxed. **Fax 904-394-8342**

