



American Therapy  
Administrators  
of Florida

# Upgrade Request Form

For inquiries or status of  
pending requests, call:

1 (888) 550-8800 x1

Please fax completed  
form to:

Fax: 1 (877) 583-6440

Attach the following 3 documents along with this form to ensure the upgrade request gets processed promptly.

**1** Last Evaluation

**2** Plan of Care

**3** Progress Report or  
Interim Assessment

Facility / Group Name

Contact Person	Phone	Fax	
Patient Last Name	Patient First Name	Patient ID	
Current ATA-FL Payment Control/Authorization Number		Patient Date of Birth (mm/dd/yyyy)	
Treating Therapist Name (rendering)		Treating Therapist NPI	
Primary Diagnosis Description	Current Level	Requesting Level	

## Fill out separate Upgrade Request form for each discipline

<input type="checkbox"/> <b>Physical Therapy</b>	<input type="checkbox"/> <b>Occupational Therapy</b>	<input type="checkbox"/> <b>Speech Therapy</b>
Since evaluation date, # OF VISITS SCHEDULED:	Since evaluation date, # OF VISITS ATTENDED:	Since evaluation, DATE OF LAST VISIT (mm/dd/yyyy):