

Intake Form Completion Requirements for Sunshine, Humana, Amerigroup, Coventry Healthy Kids & Coventry Medicaid

IMPORTANT NOTICE

Effective Immediately the Intake Form must be completed in its entirety in order to be accepted for Authorization approval. Intake forms that are not entirely filled out will be returned back to the provider for completion.

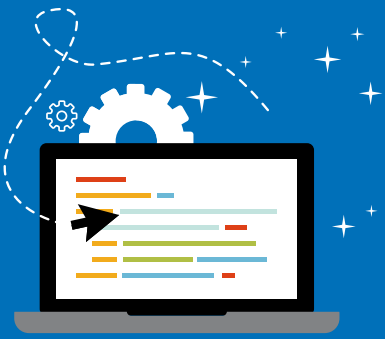
Please ensure that you complete the **times/per week** and **number of weeks** when **checking off** the attestation boxes for the fields below and certify that the plan of care information on the intake form **matches the patient's individual plan of care as documented in the patient's medical record.**

It is also imperative that you **include the Evaluation Date** on each Intake Form.

- Please check box to confirm**
Member's Plan of Care has been submitted and approved by ordering Provider and the frequency and duration are:
times/ per week # number of weeks
- Please check box to confirm**
The servicing provider has reviewed the approved Plan of Care with the Enrollee including the frequency and duration, and will provide these services.
- Please check box to confirm**
Ordering Provider will be notified when therapy has been completed and whether the goals have been achieved (Member discharged) or Therapy was stopped.

Step 1: Fill out separate Patient Intake form for each discipline

- Physical Therapy
- Occupational Therapy
- Speech Therapy
- Evaluation Date (mm/dd/yyyy): # # # # # #



Pre-Service Determination Letters

Effective 01/04/2016, Health Plan Pre-Service Determination letters will be issued to members, to notify them that their therapy services have been approved.

