



American Therapy
Administrators
of Florida

Patient Splint Form

For inquiries or status of
pending requests, call:
1 (888) 550-8800 x1

Please fax request to:
Fax: 1 (855) 410-0121

Facility / Group Name		TIN Number	
Facility / Group Address (where services will be rendered)		Facility / Group NPI	
City		State	Zip
Contact Person	Phone	Fax	
Treating Therapist Name (rendering)		Treating Therapist NPI	
Referring Provider Name		Referring Provider NPI	
Patient Last Name	Patient First Name	Patient ID	
Current Payment Control/Authorization Number		Patient Date of Birth (mm/dd/yyyy)	

Line of Business Commercial Medicare Medicaid Medicaid Healthy Kids

Primary Diagnosis Description

<input type="checkbox"/> ICD-10	ICD Code 1	ICD Code 2	ICD Code 3	ICD Code 4
---------------------------------	------------	------------	------------	------------

Does splint include fingers? Yes No

Does splint include hand but not wrist? Yes No

Does splint include wrist but not forearm? Yes No

Does splint include forearm but not elbow? Single Surface Clamshell Yes No

Does splint include elbow? Single Surface Clamshell Yes No

Does splint have dynamic components?

IF YES, PLEASE LIST:

Note: Wrist Cock Up splints are generally not custom splints.
Clinical documentation supporting why an OTC splint will/did not work is needed for consideration.