

FORWARDHEALTH
PRIOR AUTHORIZATION / THERAPY ATTACHMENT (PA/TA)

INSTRUCTIONS: Providers can find PA submission instructions on the [ForwardHealth Online Handbook](#). For specific questions, call Provider Services at 800-947-9627.

SECTION I – MEMBER INFORMATION

1. Name – Member (Last, First, Middle Initial)

2. Member ID Number

3. Age – Member

4. Requesting PA for:

☐ Physical Therapy (PT) ☐ Occupational Therapy (OT) ☐ Speech and Language Pathology (SLP)

5. Total Visits Requested

6. Total Number of Weeks Requested

7. Requested Start Date

SECTION II – THERAPY-SPECIFIC INFORMATION

8. How many visits of the requested type of therapy has the member had this year? (For example, if the member has had PT and OT this year and this request is for PT, only count the number of PT visits.)

_____ visits

9. Why does the member need therapy? Check all that apply.

- ☐ The member was recently hospitalized. Date discharged: _____
- ☐ This is a new diagnosis. Specify: _____
- ☐ The member needs ongoing therapy.
- ☐ Other. Specify: _____

10. Is the member seeing other providers for the same diagnoses?

☐ Yes

☐ No

If yes, briefly document the ways the therapy provider is coordinating care with the member's other providers. Documentation can include phone logs, summaries of conversations, copies of plans of care, staffing reports, or received written reports.



SECTION III – SIGNATURE

11. **SIGNATURE** – Providing Therapist

12. Date Signed

SECTION IV – ADDITIONAL INFORMATION

13. Include any additional information or clarification here (for example, member will start at two visits per week and decrease to one visit per week, member on hold while waiting for approval, or request to extend end date to one year).
