



Authorization Request Form - **Part 2**

Occupational Therapy (Outpatient Only)

Complete and fax the clinical worksheet immediately following the Part 1 authorization request fax form, including any substantiating clinical documentation. Your responses enable faster processing of authorization requests and reduces the likelihood we may require you to submit additional clinical documentation to complete our review.

 Please fill in each question option completely →

Question 1

Which side is symptomatic? (Required, fill in all that apply)

- Left
- Right

Question 2

Which of the following findings were documented at the most recent encounter? (Required, fill in all that apply)

- Elbow pain, weakness, or limitation of motion
- Hand pain, weakness, or limitation of motion
- Finger pain, weakness, or limitation of motion
- Wrist pain, weakness, or limitation of motion
- Neck pain, weakness, or limited motion
- Back pain, weakness, or limited motion
- Shoulder pain, weakness, or limited motion
- Hip pain, weakness, or limited motion
- Knee pain, weakness, or limited motion
- Foot / Ankle pain, weakness or limited motion
- Pelvic pain or incontinence
- Vertigo or Poor Balance
- Unspecified Arthritis
- None of the above