



Washington State Department of
Labor & Industries
 PO Box 44291
 Olympia WA 98504-4291

Phone: 800-848-0811 Fax: 360-902-6490

Physical/Occupational/Massage Therapy Provider Hotline Service Authorization Request

Provider Information

Therapy Clinic/Business Name _____

Contact Name _____

Phone number at therapy clinic _____

Fax number at therapy clinic _____

Worker Information

Worker name _____

Claim number _____

Right Left

Referring physician name _____

Area of body being treated _____

Request Information

Occupational Therapy

Physical Therapy

Massage Therapy

To date number of visits in your clinic: _____

Requested number of visits _____ for dates _____ through _____. (Use the mm/dd/yyyy format.)

Signature

I certify that the worker is showing and/or is anticipated to show progress during therapy treatment. The referring physician has recommended continuing therapy treatment and documentation has or will be sent to the department. An initial evaluation report has or will be sent to the department. An initial evaluation report and progress reports required by the department have or will be sent. Treatment being provided is for the effects of the industrial injury.

Provider's signature _____

Authorization Response – You will receive a response by fax.

Authorized

Duplicate Request

Referred

Missing Information

_____ visits are authorized.

Date span authorized/extension: _____ to _____.

Claim has _____ therapy visits as of _____.

Utilization review (UR) is required. Please call Qualis at 800-541-2894.

This is a self-insurance claim. Please contact: _____.

Remarks

Completed By _____

Date _____

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