

Prior Authorization Form for Medicare Part B Therapies

Senior Preferred
840 Carolina Street, Sauk City, WI 53583

A Prior Authorization form is required if therapy sessions will EXCEED the \$2040 Medicare threshold.
Please complete the entire form. You can check your PA status in the Senior Preferred MyPlanTools portal.

Fax Prior Authorization form and attached documents to our Medical Management Department at
(608) 881-8397. For questions, call the Medical Management Department at (608) 881-8738.

Member Name: _____ National Provider Identifier (NPI) – Therapist: _____

Member ID Number: _____ Date of Birth: _____

Date Form Completed: _____ Ordering Provider Name: _____

Provider Phone Number: _____ Provider Fax Number: _____

Facility Name: _____

Facility Phone Number: _____ Facility Fax Number: _____

Date of Injury / Illness: _____ Discipline Requested: PT OT ST

Date of last exam by Medical Provider: _____

Medical diagnosis with code: _____

Retro-Request: Yes No Cap Met: Yes No Approx. Date: _____

Date of initial evaluation: _____ Number of therapy visits requested: _____

(send copy)

Total therapy visits used this episode: _____

Records available in EPIC: Yes No

If “under glass,” send records as described below.

Please send records, including medical provider, order, and exam and recommendation (beginning of care for injury / illness), copy of last clinic note, therapy start of care evaluation, therapy 10th visit note, and all daily therapy notes.

Signature of therapist completing form

Date