

# OOON Medical Records Cover Sheet (Please Use One Per Patient)

Practitioner Name: \_\_\_\_\_ TIN # \_\_\_\_\_

Practitioner Address: \_\_\_\_\_ Practitioner Phone#: \_\_\_\_\_

Street \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

Practitioner FAX #: \_\_\_\_\_

(Providing your FAX # will expedite the response to this request)

NPI # (Type 1-Ind) \_\_\_\_\_ NPI # (Type 2-Org) \_\_\_\_\_

To: American Specialty Health Date: \_\_\_\_\_

Fax: 877.248.2746 Pages: \_\_\_\_\_

Patient Name: \_\_\_\_\_ Patient ID#: \_\_\_\_\_

Pt. Birth Date: \_\_\_\_\_ Gender:  Male  Female

Subscriber Name: \_\_\_\_\_ Health Plan: \_\_\_\_\_

Subscriber ID#: \_\_\_\_\_ Group #: \_\_\_\_\_

## TREATMENT / SERVICES SUBMITTING FOR REVIEW

Diagnoses (ICD Code): 1. \_\_\_\_\_ 3. \_\_\_\_\_

2. \_\_\_\_\_ 4. \_\_\_\_\_

Date Range: From: \_\_\_\_/\_\_\_\_/\_\_\_\_ Through: \_\_\_\_/\_\_\_\_/\_\_\_\_

# of Exams/Evaluation Services:  New Pt./Initial  Est. Pt./Re-Eval.

Total # of Office Visits/Acupuncture:  (New Jersey Only) Acupuncture CPT Units per Office Visit

Total # of Therapies for Requested Dates  (New Jersey only) Therapies per Office Visit

**Therapies and Modalities** (Check all that apply): *Please do not use acupuncture CPT codes (97810-97814) in this section. They are automatically included in the Office Visits/Acupuncture section above.*

Hot/Cold Packs (97010)  Infrared (97026)  Massage (97124)  Therapeutic Exercise (97110)

Ultrasound (97035)  Other: \_\_\_\_\_

Other Special Services / Lab / X-ray: List CPT code(s) \_\_\_\_\_

By submitting this Cover Sheet, I attest that the above dates and services are those I wish to have reviewed for medical necessity.

**Please attach all relevant Exam Forms, Clinical Notes or Reports that support the medical necessity of the submitted services. Include co-management information (see Section IV of the Clinical Summary Sheet) in your documentation.**