



Patient Orthosis Form

Fax this completed form to: 1 (800) 615-0148

Member ID Number	Member Health Plan	Request Date (mm/dd/yyyy)
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Member Last Name	Member First Name
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Member Telephone Number	Member Date of Birth (mm/dd/yyyy)	Sex <input type="checkbox"/> Male <input type="checkbox"/> Female
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Referring Provider Name	Referring Provider NPI
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Referring Provider Phone Number	Referring Provider Fax Number
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Facility/Group Name (Rendering Provider)	Facility/Group TIN Number
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Facility/Group Address	Facility/Group NPI
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City	Zip Code	Contact Person Name
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Phone Number	Fax Number (Required for Fax Notifications)
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Treating Therapist Last Name	Treating Therapist First Name	Treating Therapist NPI
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Line of Business: <input type="checkbox"/> Medicare	Place of Service: <input type="checkbox"/> Office (11) <input type="checkbox"/> Home (12) <input type="checkbox"/> Outpatient Hosp. (22) <input type="checkbox"/> Independent Clinic (49) <input type="checkbox"/> Other [__ _]
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Primary Diagnosis Description:

ICD Code(s)	CPT Code(s)
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Please select splint type:

<input type="checkbox"/> Finger Gutter	<input type="checkbox"/> Short Opponens	<input type="checkbox"/> Resting Splint Hand Based	<input type="checkbox"/> Thumb Spica
<input type="checkbox"/> Ulnar Gutter	<input type="checkbox"/> Resting Hand Forearm Based	<input type="checkbox"/> Long Arm Orthosis	

If none of the above, please complete the following questions:

1. Does splint include fingers?	<input type="checkbox"/> Yes	<input type="checkbox"/> No			
2. Does splint include hand but not wrist?	<input type="checkbox"/> Yes	<input type="checkbox"/> No			
3. Does splint include wrist and forearm?	<input type="checkbox"/> Single Surface	<input type="checkbox"/> Clamshell	<input type="checkbox"/> Resting Splint	<input type="checkbox"/> Yes	<input type="checkbox"/> No
4. Does splint include elbow?	<input type="checkbox"/> Yes	<input type="checkbox"/> No			
5. Does splint have dynamic components?	<input type="checkbox"/> Yes	<input type="checkbox"/> No			

Orthosis Description:

Note: Wrist Cock-Up splints are generally not custom splints.
Clinical documentation supporting why an OTC splint will/did not work is needed for consideration.