

Acute Physical Medicine And Rehabilitation (PM&R) Update

Attn: HCA Inpatient Rehab Program Manager
360-725-5144
Fax: 360-725-1966

Incomplete forms will not be accepted

CLIENT NAME	
REHAB AUTHORIZATION/REFERENCE NUMBER	PROVIDER ONE CLIENT ID
DATE OF ADMIT	DATE OF DISCHARGE
FROM	
LOCATION	
TELEPHONE NUMBER (INCLUDE THE AREA CODE) ()	FAX NUMBER (INCLUDE THE AREA CODE) ()

Dates of service should not be retroactive and will be considered for coverage on a case-by-case basis.

You must attach team meeting notes and any pertinent **updated** medical records with this request.

I attest that all the information provided is accurate and supported by the attached medical records:

Signature of person completing the form: _____

Printed name and title: _____