

This form must be filled out in its entirety. For inquiries or status of pending requests, please visit the Provider Web Portal

Attach the following documents along with this form to ensure the upgrade request gets processed promptly.

1 Initial and Updated Evaluation

2 Updated Plan of Care

3 New Medical Order

Member ID Number		Member Health Plan	
Member Last Name		Member First Name	
Member Date of Birth (mm/dd/yyyy)		Member Telephone Number	
Facility/Group Name (Rendering Provider)			
Facility/Group TIN Number		Facility/Group NPI	
Treating Therapist Last Name		Treating Therapist First Name	
Treating Therapist NPI	Contact Person Name		
Phone Number		Fax Number (Required for Fax Notifications)	
Current TNPR Control/Authorization Number			
Primary Diagnosis Description			
Evaluation Date(s)			
Current Level Approved		Request Level	
Since evaluation date, # OF VISITS SCHEDULED	Since evaluation date, # OF VISITS ATTENDED	Since evaluation, DATE OF LAST VISIT	