



Upgrade Request Form

For inquiries or status of pending requests, call:

1 (888) 550-8800 x1

Please fax completed form to:

Fax: 1 (877) 583-6440

Attach the following 3 documents along with this form to ensure the upgrade request gets processed promptly.

1 Last Evaluation

2 Plan of Care

3 Progress Report or Interim Assessment

Facility / Group Name

Contact Person	Phone	Fax	
Patient Last Name	Patient First Name	Patient ID	
Current TNFL Payment Control/Authorization Number		Patient Date of Birth (mm/dd/yyyy)	
Treating Therapist Name (rendering)		Treating Therapist NPI	
Primary Diagnosis Description	Current Level	Requesting Level	

Fill out separate Upgrade Request form for each discipline

Physical Therapy
 Occupational Therapy
 Speech Therapy

Since evaluation date, # OF VISITS SCHEDULED:	Since evaluation date, # OF VISITS ATTENDED:	Since evaluation, DATE OF LAST VISIT (mm/dd/yyyy):
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Discharge Notice

Important: Please attach Discharge Form (Practice Form OR TNFL Form)

Discharge Reason:			Discharge Date:	
Specialty:	Authorization Number:	Evaluation Date:	Current Level	Requesting Evaluation Only (Level 1)