



# GlobalHealth

## PHYSICIAN TREATMENT REQUEST FORM

Fax all clinical documentation along with the request form to: 405-280-5398. Contracted providers should use their HealthAxis Provider Portal

Urgent Request  Routine Request  Additional Documentation

Patient Name: \_\_\_\_\_  
Member ID #: \_\_\_\_\_ Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_\_  
PCP: \_\_\_\_\_  
Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

Treatment Description: \_\_\_\_\_  
\_\_\_\_\_  
Diagnosis Code(s): \_\_\_\_\_  
\_\_\_\_\_  
Estimated Length of Treatment: \_\_\_\_\_  
Date Span of treatment or number of Cycles: \_\_\_\_\_  
\_\_\_\_\_

### Type of Service Requested

- Chemotherapy
- Diagnostic Procedure
- Dialysis
- DME
- Infusion
- Inpatient Admission
- Lab
- Observation
- Occupational Therapy
- Office Visit
- Outpatient Surgery
- Physical Therapy
- Speech Therapy

Ordering Provider: \_\_\_\_\_  
Phone: \_\_\_\_\_  
Fax: \_\_\_\_\_  
NPI: \_\_\_\_\_

Requested Provider: \_\_\_\_\_  
Phone: \_\_\_\_\_  
Fax: \_\_\_\_\_  
NPI: \_\_\_\_\_

Requested Facility: \_\_\_\_\_  
Phone: \_\_\_\_\_  
Fax: \_\_\_\_\_  
NPI: \_\_\_\_\_

**Please complete grid below or attach detailed treatment plan along with any clinical information.**

Line	CPT, ICD or HCPCS Codes	Modifier	Description	Total Units
1.				
2.				
3.				
4.				
5.				