

Physical Therapy Pre-Authorization Form

Complete your insurance requirements efficiently with this **physical therapy pre-authorization form sample**. Designed to streamline the approval process, it helps ensure timely coverage for necessary treatments. Download and customize the form to suit your specific insurer's guidelines.

1. Patient Information

Full Name	
Date of Birth	
Member ID/Policy Number	
Phone Number	
Address	

2. Insurance Information

Insurance Company	
Group Number	
Plan Type	
Authorization Phone/Fax	

3. Provider Information

Provider Name	
Facility Name	
Provider NPI	
Phone/Fax	
Address	

4. Diagnosis & Treatment

Primary Diagnosis (ICD-10)	
Secondary Diagnosis	
Requested Treatment(s)	
Frequency/Duration	
Start Date	
Medical Necessity/Clinical Notes	

5. Previous Treatment History

Previous Physical Therapy?	<input type="checkbox"/> Yes <input type="checkbox"/> No
If Yes, Details:	

6. Authorization Request

Number of Visits Requested	
Authorization Period	
Physician Signature	
Date	

Note: Please attach supporting medical documentation as required by your insurance provider. Incomplete forms may delay the pre-authorization process.

This is a sample form template. Always check with your insurance carrier for required fields and current documentation guidelines.