

# Chiropractic services extension request

Members who have been diagnosed as needing additional chiropractic treatment must be approved for extended services before they can continue treatment under their benefit plan.

For timely review of your extension request, please complete the form below and fax it to Clinical Care Coordination Department at 888-831-5080. Also fax us a copy of the current Primary Care Physician Referral form. Please allow 2 business days for a decision. Missing information may result in a delayed response. Decisions are based on the member's plan benefits, progress with the current treatment program and documented need.

Member information		
First name:	Middle name:	Last name:
Phone number:	Member ID number:	Date of birth:
Diagnosis:	ICD-10 code:	
Date of onset/injury:	Date of surgery:	
Surgical procedure:		
Date of initial evaluation:	Date last seen:	Number of visits to-date:
Prior functional status/comorbidities:		
	Initial/previous measurable status	Current measurable status
Pain		
Neuromusculoskeletal findings		
Work/recreation/health enhancement program		
Function/mobility		
Education resources provided to member:		

## Provider information

Provider name:

Tax ID number (TIN):

Phone number:

Fax number:

Street address (street, city, state, ZIP code):



### We're here to help

For chat options and contact information, visit [UHCprovider.com/contactus](https://UHCprovider.com/contactus).

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