

ATTENDING PROVIDER TREATMENT PLAN

INITIAL SUBMISSION

FOLLOW-UP SUBMISSION

DATE SUBMITTED

Month Day Year

TYPE OR PRINT LEGIBLY CLAIM #:

PATIENT INFORMATION POLICYHOLDER INFORMATION (if different)
1. PATIENT'S NAME, 11. DATE OF ACCIDENT, 14. POLICYHOLDER'S NAME, 2. PATIENT'S ADDRESS, 12. IS PATIENT'S CONDITION RELATED TO:, 15. POLICYHOLDER'S ADDRESS, 3. CITY, 4. STATE, A. EMPLOYMENT?, B. AUTO ACCIDENT?, C. OTHER ACCIDENT?, 5. ZIP CODE, 6. TELEPHONE #, 16. CITY, 17. STATE, 18. TELEPHONE #, 19. ZIP CODE, 7. PATIENT BIRTHDATE, 8. SEX, 20. RELATIONSHIP TO PATIENT, 9. INSURANCE COMPANY, 13. IS PATIENT UNABLE TO WORK?, 10. POLICY NUMBER

PROVIDER INFORMATION
21. NAME OF TREATING PROVIDER, 22. TAX I.D., 23. NPI, 24. SPECIALTY, 25. FACILITY OR OFFICE NAME, 26. FACILITY /OFFICE ADDRESS, 27. CITY, 28. STATE, 29. ZIP CODE, 30. TELEPHONE #, 31. EMAIL ADDRESS, 32. FAX #, 33. INITIAL DATE OF TX, 34. DATE OF LAST VISIT

35. PATIENT MEDICAL HISTORY. HAS PATIENT EVER HAD ANY OF THE FOLLOWING SERVICES? CHECKMARK THOSE APPLICABLE BELOW. (\*NOTE-ALL BOXES CHECKED REQUIRE A BRIEF DESCRIPTION OF SERVICE AND DATE PROVIDED ON SEPARATE ATTACHMENT)
36. DIAGNOSIS OR NATURE OF ILLNESS OR INJURY Relate A-L to service line below (38C)
A. B. C. D. E. F. G. H. I. J. K. L.

37. CHECK APPROPRIATE CARE PATH (if applicable) CP1 CP2 CP3 CP4 CP5 CP6

PROPOSED COURSE OF TREATMENT AS IT RELATES TO THIS MVA
38. DATE(S) OF REQUEST PROCEDURES, SERVICES OR SUPPLIES (Explain Unusual Circumstances)
Table with columns: FROM (MM, DD, YY), TO (MM, DD, YY), CPT/HCPCS, EQUIPMENT (New, Rental), SPINAL INJECTION (Unilateral, Bilateral), DIAGNOSIS POINTER, FREQUENCY (Times per visit), FREQUENCY (Visits per week), DURATION (# of weeks), TOTAL UNITS

INCLUDE SUPPORTING DOCUMENTS

FRAUD PREVENTION - NEW JERSEY WARNING

ANY PERSON WHO KNOWINGLY FILES A STATEMENT OF CLAIM CONTAINING ANY FALSE OR MISLEADING INFORMATION IS SUBJECT TO CRIMINAL AND CIVIL PENALTIES.

PROVIDER STATEMENT

I HAVE PERSONALLY COMPLETED AND PREVIEWED THIS FORM. THE INFORMATION IS TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE AND BELIEF.