THERAPY NETWORK OF NEW JERSEY

Upgrade Request Form

Attach documentation supporting the patient's current diagnosis and the reason for the upgrade request

Phone: (855) 825-7818 | **Fax:** (877) 583-6440

Facility Requesting Upgrade	Contact Person
Phone	Fax

☐ ST ☐ OT ☐ PT

Patient's Name			Date of Birth
Member ID Number	Current Level/Visit	Requesting Level/Visit	Current Referral No
Current Diagnosis			Date of last visit
How many visits completed (dates)			

FOR OFFICE USE ONLY

Date TN received fax	Date request reviewed
Referral History	
Recommended Level	
Comments	

Additional Comments:

_____ Not enough information received. Please send additional objective clinical information, including initial evaluation and treatment notes, for further review.

_____ No upgrade at this time. Please continue to treat patient and send objective progress notes for further review. Your request will be reconsidered.