

## **Patient Orthosis Form**

**Fax this completed form to:** 1 (800) 615-0148

Member ID Number	Member Health Plan		Request Date (mm/dd/yyyy)
Member Last Name		Member First Name	
Member Telephone Number	Member Date of Birth (mr	l m/dd/yyyy)	Sex
			☐ Male ☐ Female
Referring Provider Name			Referring Provider NPI
Referring Provider Phone Number		Referring Provider Fax No	umber
Facility/Group Name (Rendering Provider)			Facility/Group TIN Number
Facility/Group Address			Facility/Group NPI
City	Zip Code	Contact Person Name	
Phone Number		Fax Number (Required for Fax Notifications)	
Treating Therapist Last Name	Treating Therapist First Name		Treating Therapist NPI
Line of Business:  ☐ Medicare			(22) Independent Clinic (49) Uther []
Primary Diagnosis Description:	□ Office (11) □ Hoffie	(12) — Outpatient Hosp. (	(22) — Independent Office (43) — Other [ ]
ICD Code(s)		CPT Code(s)	
Please select splint type:	0	Destina Oelint Head D	Thursh Orice
<ul><li>☐ Finger Gutter</li><li>☐ Short Opponens</li><li>☐ Ulnar Gutter</li><li>☐ Resting Hand Forearm Based</li></ul>		<ul><li>☐ Resting Splint Hand B</li><li>☐ Long Arm Orthosis</li></ul>	ased ☐ Thumb Spica
If none of the above, please complete the folio	owing questions:		
1. Does splint include fingers?			□ Yes □ No
2. Does splint include hand but not wrist?			☐ Yes ☐ No
3. Does splint include wrist and forearm? $\qed$	Single Surface ☐ Clamshe	II ☐ Resting Splint	☐ Yes ☐ No
4. Does splint include elbow?			☐ Yes ☐ No
5. Does splint have dynamic components?			□ Yes □ No
Orthosis Description:			

**Note:** Wrist Cock-Up splints are generally not custom splints.

Clinical documentation supporting why an OTC splint will/did not work is needed for consideration.