

Upgrade Request Form

For inquiries or status of pending requests, call:

1 (888) 550-8800 x1

Please fax completed form to:

Fax: 1 (877) 583-6440

Attach the following 3 documents along with this form to ensure the upgrade request gets processed promptly.

1 Last Evaluation

2 Plan of Care

3 Progress Report or Interim Assessment

Facility / Group Name

Contact Person	Phone	Fax	
Patient Last Name	Patient First Name	Patient ID	
Current ATA-FL Payment Control/Authorization Number		Patient Date of Birth (mm/dd/yyyy)	
Treating Therapist Name (rendering)		Treating Therapist NPI	
Primary Diagnosis Description	Current Level	Requesting Level	

Fill out separate Upgrade Request form for each discipline

<input type="checkbox"/> Physical Therapy	<input type="checkbox"/> Occupational Therapy	<input type="checkbox"/> Speech Therapy
Since evaluation date, # OF VISITS SCHEDULED:	Since evaluation date, # OF VISITS ATTENDED:	Since evaluation, DATE OF LAST VISIT (mm/dd/yyyy):