TUFTS Health Plan

Autism Services (PT, OT and ST) Authorization Form

Please fax the completed form to the plan listed below:

- Tufts Health Plan Commercial Plans; Fax: 617.972.9409
- Tufts Health Direct – Health Connector; Fax: 888.415.9055
- Tufts Health Freedom Plan products; Fax: 617.972.9409

1. Member name:	2. Date of birth:	3. Member ID #:	
4. Date of report:	5. ICD-10 Code(s):	6. Diagnosis:	
7. Facility name:	8. Tufts Health Plan Facility ID #:	9. Facility phone:	10. Facility fax:
11. Type of service requested: PT ☐ OT ☐ ST ☐	12. Previous Rx for this Dx? Yes ☐ No ☐	13. Initial treatment date:	14. # of Visits Requested:
15. Any other diagnosis? Yes ☐ No ☐	16. Frequency of visits:	17. Total visits since initial treatment date:	

18. Previous Clinical Status:	19. **Current Clinical Status:**
20. **Current Treatment Plan and Goals:**	21. **Functional Outcomes:**
Provider name: Requested by:	Provider #: Electronic Signature:

Provider Services