TUFTS Health Plan

Physical Therapy Authorization Form: Tufts Health Freedom Plan

Request for Physical Therapy visits (Note: initial evaluation and first 8 visits do not require prior authorization)
Please fax the completed form to the plan listed below:

- Tufts Health Freedom Plan; Fax: 617.972.9409

1. Member name:	2. Member DOB:		3. Date of request:
4. Member ID#:	5. ICD-10 diagnosis code*:		6. Onset date of condition:
7. Facility name:	8. Tufts Health Plan Facility ID # and/or NPI#:	9. Facility phone #:	10. Facility fax #:
11. Previous PT treatment for this diagnosis? Yes ☐ No ☐	12. # of PT visits requested:	13. Initial PT treatment date:	14. Estimated PT discharge date:
15. Frequency of PT visits:		16. Total PT visits since initial treatment date:	
Provider name: ____________________ Requested by: ____________________		Provider ID #:____________________	

*ICD-10 diagnosis code applicable to PT treatment

Provider Services