WC Authorization Form

UPSTREAM REHABILITATION

Date: _____ WC Date of Injury: _____

Employee: _____ Employee DOB: _____

Employee Address: _____

Employer Occupation: _____ Department: _____

Adjuster: _____ Phone: _____

Email: _____

Nurse Case Manager: _____ Phone: _____

Email: _____

Billing Address: _____

Authorized by Name: _____ Phone: _____

# of Authorized Visits: _____ WC Claim #: _____

SERVICES

- ☐ Physical Therapy
- ☐ Occupational Therapy
- ☐ Functional Capacity Evaluations
- ☐ WC Conditioning
- ☐ Certified Hand Therapy
- ☐ Employment Testing
- ☐ Early Symptom Intervention
- ☐ Jobsite Analysis
- ☐ Improvement Rating
- ☐ Telehealth/Virtual Care
- ☐ Transportation
- ☐ Translation
- ☐ Other _____
- _____

TO FIND A LOCATION, VISIT URPT.COM/LOCATIONS OR SCAN HERE

ACTS Occupational and Physical Therapy · BACK TO WORK PHYSICAL THERAPY · BenchMark PHYSICAL THERAPY · BETHESDA PHYSICAL THERAPY · BEYOND THERAPY Physical, Occupational & Speech Therapy for kids · Drayer PHYSICAL THERAPY · ELITE PHYSICAL THERAPY · NW SPORTS PHYSICAL THERAPY, INC. · Oasis PHYSICAL THERAPY & SPORTS REHAB · ORTHOPEDIC REHABILITATION ASSOCIATES · Peak PHYSICAL THERAPY · Physical Therapy & Hand Specialists · physiofit · PINN PEOPLES INJURY NETWORK NORTHWEST · Physical Therapy & Rehab Specialists · PT Northwest PHYSICAL THERAPY · results PHYSIOTHERAPY · Rocky Mountain SPINE & SPORT Physical Therapy · Sound to Summit PHYSICAL THERAPY · SERC Physical Therapy · STEP & SPINE PHYSICAL THERAPY · SUMMIT PHYSICAL THERAPY · Therapy In Motion

PART OF THE UPSTREAM REHABILITATION FAMILY OF CLINICAL CARE

P (800) 578-1104 • F (423) 362-5069 • WCScheduling@urpt.com