KINGSTON TRUST FUND
Utilization Management by Hughes and Associates
196 Charmant Drive Ste 3, Ridgeland, MS 39157
Phone: (844) 583-3863
Fax: (601) 981-1778

THERAPEUTIC MASSAGE

(Massage Therapist Request)

Patient Name: _____
Insured ID#: _____
Address: _____
City/State/Zip: _____
Phone: _____

Therapist: _____
Address: _____
City: _____
State/Zip: _____
Phone: _____

AUTHORIZATION REQUEST
Start Date:_____
Frequency:_____
Duration:_____

EVALUATION FINDINGS:

Prior Sessions: (since the first of the year) _____

Response to Previous Massage Treatment: (if appropriate)
_____
_____

Current Assessment:
_____
_____
_____
_____
_____

Treatment Plan:
_____
_____
_____

Current Treatment Goals/Outcome:
_____
_____
_____
_____

Estimated Date of Release: _____

Therapist's Signature: _____ Date: _____