

KINGSTON TRUST FUND

Utilization Management by Hughes and Associates
681 Towne Center Blvd Ste B, Ridgeland, MS 39157
Phone: (844) 583-3863
Fax: (601) 981-1778

THERAPEUTIC MASSAGE

(Chiropractic)

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

Treating D.C.: _____
Address: _____
City: _____
State/Zip: _____
Phone: _____

PREVIOUS TREATMENT	
First Office Visit: _____	Response to Care: _____
Total Number of Visits: _____	
Number of visits since first of the year: _____	

DIAGNOSIS	ICD 10 Code	AUTHORIZATION REQUEST
1. _____	_____	Start Date: _____
2. _____	_____	Frequency: _____
3. _____	_____	Duration: _____

EVALUATION FINDINGS:	Date of Onset: _____
Chief Complaints/Current Complaints: _____	

Mechanism of Injury/Onset: _____	
Past History: _____	

ROM: _____	

Ortho/Neuro/Vascular: _____	

Chiropractic/Palpatory Assessment: _____	

Radiographic Findings: _____	
Treatment Plan: _____	

Current Treatment Goals/Outcome: _____	

Estimated Date of Release: _____	

Doctor's Signature: _____ Date: _____