

KINGSTON TRUST FUND

Utilization Management by Hughes and Associates
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THERAPEUTIC MASSAGE

(Acupuncture)

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

| |
|---------------------------|
| Treating Physician: _____ |
| 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: _____ |

| | |
|--|----------------------|
| <u>EVALUATION FINDINGS:</u> | Date of Onset: _____ |
| Chief Complaints/Current Complaints: _____ | |
| _____ | |
| Mechanism of Injury/Onset: _____ | |
| Past History: _____ | |
| _____ | |
| ROM: _____ | |
| _____ | |
| Assessment: _____ | |
| _____ | |
| Radiographic Findings: _____ | |
| Treatment Plan: _____ | |
| _____ | |
| Current Treatment Goals/Outcome: _____ | |
| _____ | |
| Estimated Date of Release: _____ | |

Physician's Signature: _____ Date: _____