· Reconsideration

merican Specialty Health Plans o alifornia, Inc. (ASH Plans)
.O. Box 509002, San Diego, CA 92150-9002
Fax: 877/427-4777

REC SIDERATION / MODIFICATION
(Chiropractic)

For questions, please call ASH Plans at 800/972-4226

FOR ASH PLANS USE ONLY	ASH PLANS TREATMENT FORM #	RECEIVED DATE	ASH PLANS CLINICAL SERVICES MANAGER

Patient Name Anderson (Last) Tiffany (First) (Initial) Patient ID # 00078979.64.01

Patient Health Plan: Kaiser

Treating D C Dr James D Annand

Address 5156 Fairmont Ave B

City/State/Zip Chico CA 95340

Phone (209) 333-2401 Fax (209) 333-9202

List the appropriate Treatment Form Number for this request

ASH PLANS TREATMENT FORM #

7916032

RECONSIDERATION (This option should only be chosen when submitting additional information to support treatment/services not approved in the original submission)

☐ **Submitting Additional/Revised Information**

Please clarify which treatment/services you are submitting for reconsideration and provide rationale You may attach the current Clinical Treatment Form and additional information may also be attached or included below

MODIFICATION (This option should only be chosen if you need to modify the treatment/services already approved or agreed upon in the original submission)

☐ **X-Rays and/or Radiological Consultation**

Views required

Rationale for films/consult

☐ **Supports / Appliances**

Supports/Appliances required

☐ **Dates of Service – Changes, Extensions** (up to 30 days), **Reductions**

The treatment period/dates should be Start (mm/dd/yyyy) End (mm/dd/yyyy)

Rationale

☒ **Additional Office Visits** (Up to 3)

Additional number of visits # 3 Please provide current subjective and objective findings and rationale Please note that reconsideration for additional office visits and/or therapies may not be submitted with a date extension

all subjective & objectives remain the same as the last few tx.

☐ **Additional Therapies**

Number of submitted therapies # Please list the types of therapies (e g , ultrasound) and rationale

☒ **Other**

Services/Clinical Rationale PT must lug at carry heavy liquid-filled backpacks at work

Signature of treating D.C. (Required): Date: 12-26-06