

# Specialized Rehabilitation Program- Initial Request

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Is this a telephonic request? (INTERNAL OPTUM USE ONLY)\*\*

Yes  No

### Service Request Information

Person completing this request:\*

Contact #:\*

Contact e-mail:\*

Requested Start Date of Authorization:\*

Requested Services:\*\*

On-Site  Off-Site  Blended

Which State Hospital are they coming from?\*

Date released from State Hospital\*

Data Capture Required:

Yes