JACO

PHONE (808) 381-8947 TOLL FREE FAX 1 (800) 586-4356 LOCAL FAX (808) 548-0425 JACOREHAB.COM

HOURS: MONDAY - FRIDAY 6AM - 9PM, SATURDAY 7AM - 5PM, SUNDAY 8AM - 4PM

PLEASE SPECIFY IF YOU ARE CALLING FOR HONOLULU, WAIKELE, MILILANI OR KAPOLEI LOCATION

PARTICIPATING WITH: HMSA, AKAMAI, HMAA, UHA, HMA, PSWA, UNITED HEALTH CARE, MEDICARE, TRICARE, W/C & MOST PRIVATE INSURANCE

JACO HONOLULU
HALE PAWA'A
1401 S. BERETANIA ST. SUITE 550
HONOLULU, HI 96814

JACO WAIKELE
WAIKELE CENTER
94-849 LUMIAINA ST. SUITE 101
WAIKELE, HI 96797

JACO MILILANI
GATEWAY MAUKA/LIBERTY DIALYSIS BLDG.
95-1105 AINAMAKUA DR. SUITE 203
MILILANI, HI 96789

JACO KAPOLEI
KAPOLEI MEDICAL PARK
599 FARRINGTON HWY. SUITE 206
KAPOLEI, HI 96707

☐ INITIAL REQUEST ☐ EXTENSION ☐ PVT ☐ W/C ☐ OTHER:

NAME: ______ PHONE: ______

MD: ______ DATE OF SURGERY: ______ ICD-10 CDDE: ______

WORKMAN'S COMP ONLY:

CLAIM #: ______ CASE #: ______ DATE OF INJURY: ______ DATE OF SURGERY: ______

INSURER/ADJUSTER & PHONE NUMBER: ______

EMPLOYER: ______ PHONE NO. EMPLOYER: ______

***AREAS TO BE TREATED / DIAGNOSIS:**

SPECIFY MODALITIES/PROCEDURES:

TREATMENT OBJECTIVES:

INSTRUCTIONS/PRECAUTIONS:

THERAPEUTIC EXERCISE:

☐ STRENGTHENING / PRE'S

☐ CONDITIONING

☐ BALANCING / COORDINATION / PROPRIOCEPTION / STABLIZATION

☐ ROM

☐ GAIT TRAINING

☐ SOFT TISSUE / JOINT MOBILIZATION

☐ WORK CONDITIONING
LIFTING ______ LBS.
PUSHING / PULLING ______ LBS.

MODALITIES:

☐ FUNCTIONAL ELECTRONIC MUSCLE STIM

FREQUENCY

______ TIMES A WEEK FOR ______ WEEKS. ______ TOTAL NO. OF SESSIONS

☐ I CERTIFY THE NEED FOR THESE SERVICES FURNISHED UNDER THIS PLAN OF TREATMENT AND WHILE UNDER MY CARE.

PHYSICIAN'S SIGNATURE: ______ DATE: ______

CARRIER TO COMPLETE AND RETURN

IF NOTICE OF DENIAL IS NOT RECEIVED WITHIN 5 WORKING DAYS, THERAPY WILL CONTINUE ON ______ AND FULL PAYMENT WILL BE EXPECTED.

___ REQUEST APPROVED ___ REQUEST DENIED

ADJUSTER'S SIGNATURE: ______ DATE: ______

VERBAL APPROVAL FOR THE ABOVE TREATMENT PLAN OBTAINED:

FROM ______ ON ______ BY ______

☐ DETAILED REPORT MAILED SEPARATELY ☐ DETAILED REPORT ATTACHED