

JACO HONOLULU 🗌

ADJUSTER / NCM SIGNATURE:_

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

JACO KAPOLEI

_ DATE: __

JACO MILILANI 🗌

HOURS: MONDAY – FRIDAY 6AM – 8PM, SATURDAY – SUNDAY 7AM – 4:30PM

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

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

JACO WAIKELE

HALE PAWA'A 1401 S. BERETANIA ST. SUITE 550 HONOLULU, HI 96814	WAIKELE CENTER 94-849 LUMIAINA ST. SUITE IOI WAIKELE, HI 96797	GATEWAY MAUKA/LIBERTY DIALYSIS BLDG. 95-1105 AINAMAKUA DR. SUITE 203 MILILANI, HI 96789	KAPOLEI MEDICAL PARK 599 FARRINGTON HWY. SUITE 206 KAPOLEI, HI 96707
☐ INITIAL REQUEST ☐ EXTENSION	N PVT W/C OT	HER:	
PATIENT:			
NAME:		DOB:	PHONE:
MD:		DATE OF SURGERY:	POST OP START DATE:
		SUBSCRIBER IDSUBSCRIBER ID	
AREAS TO BE TREATED / DIAGNOSI	S / ICD-10 CODE:		
TREATMENT OBJECTIVES:		INSTRUCTIONS / PRECAUTION	NS:
THERAPEUTIC INTERVENTIONS:		SPECIALTY PROGRAMS:	
 □ STRENGTHENING / PRE'S □ CONDITIONING □ BALANCE / COORDINATION □ PROPRIOCEPTION / STABILIZATION □ ROM 	☐ GAIT TRAINING☐ SOFT TISSUE / JOINT MOBIL	☐ PELVIC HEALTH IZATION ☐ RETURN TO SPORT ☐ WORK CONDITIONING (TRIPLE LIFTING LBS. PUSHING / PULLING	,
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:
WORKERS' COMPENSATION:			
CLAIM #:		DATE OF INJURY:	DATE OF SURGERY:
W/C INSURER:		EMPLOYER:	
ADJUSTER:		PHONE NUMBER:	
REQUEST APPROVED	REQUEST DENIED		