



A Better Way
Physical Therapy

REQUEST FOR A ORGANIZATIONAL DETERMINATION HUMANA

This is a written request for an organizational determination to receive services with A Better Way Physical Therapy LLC in La Follette, TN. This request is being made for the following reasons (check any):

_____ Care for this condition was received in the past at a local facility and patient did not find care effective.

_____ Care for this condition is not available at local facilities.

_____ Due to the complexity or the diagnosis or co Morbidities, the patient requires the one on one care that is provided at A Better Way Physical Therapy LLC by sole provider Mary Beth Genday PT MHS

_____ Patient Name

_____ Date of Birth _____ ID number

_____ Patient signature _____ DATE

_____ Physician signature _____ DATE

REQUESTED FACILITY

A Better Way Physical Therapy LLC Mary Beth Genday PT MHS

2010 Jacksboro Pike La Follette, TN 37766 317-409-2073

EIN: 872399640 NPI1: 1174658140 NPI2: 1689332157

INSTRUCTIONS FOR COMPLETION OF FORM:

1. Call Humana at 1-866-737-5113 or 1-800-457-4708
2. Fax to 1-800-200-7440
3. Mail to Humana PO box 14168 Lexington, KY 40512

Tweet @ Humanahelp for concerns regarding lack of ability to get care

Below is the website address:

[Medical organization determination \(humana.com\)](https://www.humana.com/medical-organization-determination)