



MedicusRx
 6550 Mapleridge Rd; Suite 225
 Houston, TX 77081
 (888) 899-8913
 Fax: 281-407-6309
medicusrx.com

Today's Date:	
<p align="center">Injured Worker Info</p> Name: Street Address: City, State, Zip Code: Date of Birth: Date of Injury:	<p align="center">Carrier Info</p> Carrier (Insurance comp): Adjuster Name/Phone: Employer: Claim Number:
<p align="center">Treating Provider Info</p> Name: Street Address: City, State, Zip: Phone: Fax #: Tax ID: NPI:	<p align="center">Requesting Provider Info</p> Name: Street Address: City, State, Zip: Phone: Fax #: Tax ID: NPI: Peer to Peer Contact Name and Phone #:
<p align="center">Facility Info</p> Name: Street Address: City, State, Zip: Phone: Fax #: Tax ID: NPI: Contact Person and Phone #:	<p align="center">Attorney Info if applicable</p> Name: Street Address: City, State, Zip: Phone: Fax #:
<p align="center">Services Requested</p> (include CPT codes for each service) (if Medications, include quantity and # refills)	<p align="center">Diagnosis</p> (include ICD-10 codes for each diagnosis)
Inpatient or Outpatient: If Inpatient, # of Days:	Dates of Service: Prospective, Concurrent, or Retrospective? Initial or Appeal?

****Supporting documentation will need to accompany the request in order to process for services review.**

SUBMIT: Please fax request form, and supporting documentation to: 281-407-6309 **-OR-** Email request form, and supporting documentation to medicusrx.ur@zmail.datacareservices.com