



NEW TNNJ Patient Intake Form

10/25/2018

Enclosed, for your review, is the **NEW TNNJ Patient Intake Form** that will become effective **January 1, 2019**. This form is updated in alignment with the latest Medicare and Medicaid requirements, including a field for Referring, Ordering, Prescribing or Attending (ROPA) providers, among other important additions to improve operational processing of your request. The following are some of the main changes to the form:

1 Referring Provider Name

2 Referring Provider Contact Info

3 Referring Provider NPI

Referring Provider Name	Phone Number	Fax Number	Referring Provider NPI
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4 Lines of Business

5 Place of Service

Line of Business: <input type="checkbox"/> Medicare <input type="checkbox"/> Medicaid <input type="checkbox"/> Medicaid Healthy Kids	Place of Service: <input type="checkbox"/> School (3) <input type="checkbox"/> Office (11) <input type="checkbox"/> Home (12) <input type="checkbox"/> Outpatient Hosp (22) <input type="checkbox"/> Independent Clinic (49) <input type="checkbox"/> Other []
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6 Important Attestation for Member Education and Care Continuity with Ordering Referring Provider

<input type="checkbox"/> Please check box to confirm Member's Plan of Care has been submitted and approved by ordering Provider and the frequency and duration are: _____ times/ per week _____ number of weeks	<input type="checkbox"/> Please check box to confirm The servicing provider has reviewed the approved Plan of Care with the Enrollee, including the frequency and duration, and will provide these services.	<input type="checkbox"/> Please check box to confirm Ordering Provider will be notified when therapy has been completed and whether the goals have been achieved (Member discharged) or Therapy was stopped.
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Effective **January 1, 2019**, this NEW TNNJ PATIENT INTAKE FORM will be **required** for all authorization requests. Any request submitted without this form will be returned to the provider and will not be reprocessed until the provider resubmits with the correct, completed Intake Form.

For any questions please contact Christopher Desmond, Network Manager, or Maria Alborzfard, Provider Relations Representative for Therapy Network New Jersey.

Christopher Desmond

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