



Please Fax Completed Cover Sheets to 866-879-4742

## Personalized Recovery Oriented Services (PROS) IRS/ IRP Cover Sheet

**Directions:** Complete the following and attach this cover sheet to IRS/ IRP. Please include all relevant progress notes.

### Member Information

Member Name: \_\_\_\_\_

Member ID#: \_\_\_\_\_

Plan: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Diagnosis (ICD-10 code and description): \_\_\_\_\_

### Provider Information

Provider/ Agency Name: \_\_\_\_\_

Provider ID: \_\_\_\_\_

Contact Name (questions on request or treatment plan): \_\_\_\_\_

Site Address: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Service	HCPCS Code	Time per day (min/hour)	Days per week
Community Rehabilitation and Support (CRS)			
Intensive Rehabilitation IR)			
Ongoing Rehabilitation and Support (ORS)			
Clinical Treatment			

Requesting:

Time Frame: Start Date \_\_\_\_\_ End Date \_\_\_\_\_

Member Initial Service Recommendation Date: \_\_\_\_\_

Date of Initial/ Previous IRP: \_\_\_\_\_

Most Recent IRP update (date): \_\_\_\_\_