



MedicusRx  
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 Fax: 281-407-6309  
[www.medicusrx.com](http://www.medicusrx.com)  
 URA Number: 2566171

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

\*\* Supporting documentation must accompany the request in order to process for services review request.  
 Please call 713-292-5099, ext. 105 or email [gbethel@medicusrx.com](mailto:gbethel@medicusrx.com) for instructions for submission and pricing.  
 Thank You.