



Intervention RX™

To request an Intervention RX™ print this form, complete all required information and fax to the Clinical Services department at 614.839.5397. You may call 866.742.7676 if you have any questions.

****Please note - if prescription records are unavailable, an Intervention RX™ cannot be completed.**

1. Date submitted:

2. Injured Party Information:
 - a. Name
 - b. Date of birth
 - c. Address
 - d. Phone number
 - e. Social Security number
 - f. Employer's name
 - g. Job title/description

3. Claim Information:
 - a. Claim number
 - b. Claim type Workers' Compensation Auto No-Fault
 - c. Date of injury
 - d. State of jurisdiction
 - e. Accident description
 - f. Diagnosis/Allowed conditions
 - g. Restrictions
 - h. Non-compensable conditions

4. Claims Professional information:
 - a. Name
 - b. Insurance company
 - c. Address
 - d. City, State, Zip code
 - e. Phone number
 - f. E-mail address
 - g. Fax number

250 Progressive Way
Westerville, Ohio 43082
Phone: 866-742-7676
Fax: 614-839-5397



Please include the following with your request:

- Completed Referral Form
- Medical records from the original injury (i.e., First report of injury and initial treatment provided)
- Medical history over the past 12-24 months
 - Healthcare provider's notes, plans of treatment, lab results, etc.
 - Independent Medical Evaluations or Peer Reviews completed for the claim (regardless of date of exam)
- Complete current pharmacy records over the past 12-24 months (**must** include name of medications, strength, quantity dispensed, days supply, refill information, physician name and pharmacy name)
- List of all compensable conditions (related diagnosis and additional allowances)
- List of all non-compensable conditions (unrelated diagnosis)
- History of present illness

Submit the request:

Complete all the required information, print the form and submit to the Clinical Services department via the fax number listed at the top of the form. Required documents should be sent in the following manner:

- If there are 1-25 pages, fax to 1.614.839.5397
- If there are more than 25 pages, mail to:

Progressive Medical, Inc.
Attention: Clinical Services Department
250 Progressive Way
Westerville, OH 43082

-OR-

- Upload electronic documents to:
<ftp.progressive-medical.com>
Contact at 866.742.7676 to set up a user name and password

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