



PRIOR AUTHORIZATION FORM

Urgent

Non-Urgent

Please FAX completed form with related clinical information attached to (559) 224-2405.
 For questions, please call Advantek UM Department at
 (559) 228-5400 ■ (800) 652-2900

PATIENT INFORMATION				
PATIENT NAME	GENDER <input type="checkbox"/> M <input type="checkbox"/> F	DOB	I.D.#	GROUP#
OTHER INSURANCE <input type="checkbox"/> YES <input type="checkbox"/> NO		NAME OF OTHER CARRIER:		
ACCIDENT? <input type="checkbox"/> YES <input type="checkbox"/> NO	JOB RELATED? <input type="checkbox"/> YES <input type="checkbox"/> NO	MOTOR VEHICLE ACCIDENT? <input type="checkbox"/> YES <input type="checkbox"/> NO	PREGNANCY RELATED? <input type="checkbox"/> YES <input type="checkbox"/> NO	DATE OCCURRED OR LMP? <input type="checkbox"/> YES <input type="checkbox"/> NO
PRIMARY CARE PHYSICIAN (Please Print)				
REQUESTED SERVICE INFORMATION				
REQUESTING PHYSICIAN (Please Print)		SIGNATURE		
CONTACT PERSON IN REQUESTING PROVIDER'S OFFICE		PHONE	FAX	
PROVIDER/FACILITY REQUESTED	ADDRESS	PHONE	FAX	
DATE OF REQUEST (Today's Date)	REQUESTED # OF DAYS OR VISITS	TENTATIVE DATE OF SERVICE/ADMISSION		
ADMITTING PHYSICIAN/SURGEON		ASSISTANT SURGEON REQUESTED: <input type="checkbox"/> YES <input type="checkbox"/> NO (Name if Yes)		
INPATIENT PRE-OP DAY REQUESTED <input type="checkbox"/> YES <input type="checkbox"/> NO (If Yes, explain below)				
DIAGNOSIS:	ICD-9:	REQUESTED SERVICE		
DIAGNOSIS:	ICD-9:	PROCEDURE	CPT:	

COMMENTS: _____

With the exception of urgent requests, it is recommended that you do not schedule appointments prior to authorization approval. Emergency services do not require prior authorization and are reviewed retrospectively for necessity.

Please be advised that precertification involves a review of medical necessity only and does not guarantee payment or confirm coverage. Benefit payments are based on eligibility and the schedule of benefits payable under the Plan at the time of service, and are subject to all limitations and exclusions in addition to precert requirements. For questions about benefits or eligibility, please contact **Customer Service at (559) 228-5454 or (866) 556-7655.**

THIS MESSAGE IS INTENDED ONLY FOR THE USE OF THE INDIVIDUAL/ENTITY TO WHICH IT IS ADDRESSED AND MAY CONTAIN CONFIDENTIAL INFORMATION. IF THE READER OF THIS MESSAGE IS NOT THE INTENDED RECIPIENT, YOU ARE HEREBY NOTIFIED THAT ANY DISTRIBUTION IS STRICTLY PROHIBITED.