



# PRIOR AUTHORIZATION FORM

**Urgent**

**Non-Urgent**

Please FAX completed form with related clinical information attached to (833) 853-8551  
 For questions, please contact the Advantek Customer Service Department at:  
 (559) 228-5454 ■ (866) 556-7655

PATIENT INFORMATION				
PATIENT NAME	GENDER M F	DOB	I.D.#	GROUP/EMPLOYER NAME
OTHER INSURANCE	YES NO	NAME OF OTHER CARRIER		
ACCIDENT? YES NO	JOB RELATED? YES NO	MOTOR VEHICLE ACCIDENT? YES NO	PREGNANCY RELATED? YES NO	DATE OCCURRED OR LMP? YES NO
PRIMARY CARE PHYSICIAN (Please Print)				
REQUESTED SERVICE INFORMATION				
REQUESTING PHYSICIAN	TAX ID	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 YES NO (Name if Yes)			
INPATIENT PRE-OP DAY REQUESTED YES NO	(If Yes, explain below)			
DIAGNOSIS:	ICD-10:	REQUESTED SERVICE	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, eligibility, or precert requirements 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.*