REQUEST FOR PRIOR AUTHORIZATION

FAX completed form with relevant clinical information attached to (833)853-8551
For questions, call (559)228-2905 or toll free at (833)513-0622

TYPE OF REQUEST			
☐ **NON-URGENT** for routine or elective services		☐ **URGENT** if imminent threat to life or health exists requiring care **within 72 hours or less**	
PATIENT INFORMATION			
Patient Name: (Last, First, MI)			**Date of Birth:** (MM/DD/YY)
I.D.#:	**Gender:** ☐ **M** ☐ **F**		**PCP:**
FROM – REQUESTING PHYSICIAN			
Requesting Physician:			**Tax ID#:**
Contact Person:	**Phone:**	**Fax:**	
Physician Signature:			**Date:**
TO – WHERE WILL PATIENT RECEIVE SERVICES?			
Physician/Provider/Facility Requested:			**Tax ID#:**
Where will services be rendered? (provide name of facility, if other than provider office or patient's home)			
Address:	**Phone:**	**Fax:**	
CLINICAL INFORMATION			
ICD-10 Codes: **1 2 3**	**Diagnosis Description:**		
CPT/HCPC Codes: **1 2 3**	**Describe Service Requested:**		**# of Days/Visits:**
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 at the time of service, and are subject to all limitations and exclusions in addition to precertification requirements.

For questions regarding benefits, eligibility, or precertification requirements, please contact **Customer Service at (559) 228-5454 or toll free at (866)556-7655.**