

### Patient Information

Patient Name: \_\_\_\_\_  
 Date of Birth: \_\_\_\_\_  
 Member ID: \_\_\_\_\_

### Requesting Provider Information

Requesting Provider NPI: \_\_\_\_\_  
 Provider Name: \_\_\_\_\_  
 Phone: \_\_\_\_\_  
 Fax: \_\_\_\_\_  
 Office Contact Person: \_\_\_\_\_

### Rendering Provider Information

Rendering Provider NPI: \_\_\_\_\_  
 Provider Name: \_\_\_\_\_

### Diagnosis Code (ICD-10)

DX1: \_\_\_\_\_ DX2: \_\_\_\_\_ DX3: \_\_\_\_\_

Date of Request: \_\_\_\_\_

Is This an Urgent Request?  Yes  No

### Please check the requested service type below:

- DME       Inpatient       Therapy  
 Home Health       Observation       Specialist  
 Hospice       Outpatient       Transportation  
 Emergency       Office Visit       Other

Is procedure/treatment experimental and/or in trial?  Yes  No

Related to MVA?  Yes  No

Related to other accident:  Yes  No  
 If yes, give date: \_\_\_\_\_

Related to employment?  Yes  No

Other Insurance Coverage?  Yes  No  
 If yes, Carrier Name: \_\_\_\_\_

Date of Service Start	Date of Service Stop	Procedure Service Codes	Modifiers		Service Description	Units

Comments

Services beyond what is specified on this request will not be considered for precertification. Unauthorized care is the responsibility of the member. If the member is not eligible or services requested are a non-covered benefit, care will be the responsibility of the member. Prior authorization is not a guarantee of payment.