



PRE-CERTIFICATION / PRE-AUTHORIZATION REQUEST FORM

FOR PROCEDURES AND ADMISSIONS

Please **attach clinical information** to support medical necessity and fax to a number at the bottom of the page.

PROVIDER INFORMATION

Hospital/facility name:		Hospital/facility NPI:	
Hospital/facility address:			
Name of person completing this form:		Date form completed:	
Phone:		Fax:	
Admitting physician name:		Admitting physician NPI:	
Admitting physician address:			
Date of service (tentative):		Estimated length of stay:	

PATIENT INFORMATION

Patient name:		Phone:	
Date of birth:		Caregiver:	
Member ID:		Hospital record number:	
Address:			
Primary care provider name:		Primary care provider NPI:	

REQUEST TYPE (SELECT ONE)

<input type="checkbox"/> Outpatient hospital (elective)	<input type="checkbox"/> Inpatient admission urgent	<input type="checkbox"/> Observation services
<input type="checkbox"/> Ambulatory Surgical Procedure (outpatient)	<input type="checkbox"/> Inpatient admission emergent	<input type="checkbox"/> Office procedure
<input type="checkbox"/> Surgical admission (inpatient)	<input type="checkbox"/> Inpatient admission elective	<input type="checkbox"/> Transplant
<input type="checkbox"/> Level of Care (LOC) change to existing auth. If requesting LOC change, provide auth case #:		
<input type="checkbox"/> Other:		

DIAGNOSIS/PROCEDURE

Principal Diagnosis	Principal Procedure
ICD-10 code:	CPT code:
Description:	Description:

Clinical indications for admission or procedure (signs, symptoms, test results) and rationale if out-of-network:

Fax to the appropriate number:

Additional requested clinical information	888-282-1321
• Medicare Advantage & Federal Employee Program additional clinical information	866-577-9682
• Additional clinical for existing musculoskeletal authorizations	888-641-1375
Current inpatient notification	866-577-9678
Authorizations & referrals	
• Federal Employee Program	888-282-1315
• Medicare Advantage	800-447-2994
• Medical & surgical	888-282-0780