



PRE-SERVICE REQUEST ONLY

Check **ONE** of the following:

STANDARD/ROUTINE
Prioritize: Yes No
FAX: (702)318-2404
DATE OF SERVICE:

EXPEDITED
(PATIENT'S LIFE IS IN JEOPARDY,
WITHIN 72 HRS)
FAX: (702)318- 2499
DATE OF SERVICE:

CRITERIA IS AVAILABLE UPON REQUEST BY CALLING (702)318-2402

TO BE COMPLETED BY THE PRIMARY CARE PHYSICIAN OR THE REQUESTING PROVIDER

PATIENT INFORMATION:

NAME: (Last) _____ (First) _____ ID # _____

DOB: _____ PHONE #: _____ HEALTH PLAN: _____

Other Insurance Company: _____ Primary Secondary Workers' Comp

REQUESTING PROVIDER: _____ OFFICE CONTACT: _____

CONTACT PHONE: _____ EXT/OPTION: _____ FAX: _____

DX (1): _____ ICD-10: _____ DX (2): _____ ICD-10: _____ DX (3): _____ ICD-10: _____

REQUESTED PHYSICIAN SIGNATURE: _____ DATE: _____

REQUESTED SERVICE/PROCEDURE: _____

CPT CODE: _____ CPT CODE: _____ CPT CODE: _____ CPT CODE: _____ CPT CODE: _____

CPT CODE: _____ CPT CODE: _____ CPT CODE: _____ CPT CODE: _____ CPT CODE: _____

REQUESTED LOCATION / PHYSICIAN / PROVIDER: _____

INPATIENT OUTPATIENT IS THIS A PATIENT REQUEST? YES NO

Non-medically necessary request
Although the following service does not appear to me to be medically necessary, I am submitting this referral to Healthcare Partners UM Department for determination at the insistence of my patient.

Patient-directed OON/OOA request
Although the following service does appear to me to be medically necessary, the service is offered by in-network, participating providers and therefore an out-of-network referral is not medically necessary. I am submitting this request for out-of-network referral to Healthcare Partners UM Department for determination at the insistence of my patient.

COMMENTS:

All supporting clinical documentation including most recent Office note outlining need for testing/service must be attached. For Home Health Care requests, Patient must be homebound per CMS criteria and the skilled need identified. Attach all supporting documentation.

PROCEDURES REQUIRING AUTHORIZATION MAY NOT BE REIMBURSED IF NO AUTHORIZATION IS OBTAINED. EMERGENCIES DO NOT REQUIRE PRIOR AUTHORIZATION.

NOTE: Authorization is subject to Eligibility and Benefits. Authorization is not a guarantee of payment.