

Pre-Certification Form



Must Be Completed and requires 48 hours to process.

Retroactive Request requires 15 days to process.

Failure to complete this form in its entirety may result in the delay of review.

Print Name		ID/Policy#	Group#	Date of Birth
Admitting/Ordering Physician Name: _____ NPI: _____	Check one: Network IN <input type="checkbox"/> OUT <input type="checkbox"/>	Phone#	Fax#	Contact Ext: _____
Facility Providing Services: Tax ID: _____	Check one: Network IN <input type="checkbox"/> OUT <input type="checkbox"/>	Phone#	Fax#	Contact Ext: _____
Diagnosis Codes	Diagnosis			
CPT or Supply Codes	Procedure/Surgery/DME/Admission: services you are providing			
Date of Admission or Start Date of Service Inpatient <input type="checkbox"/> Outpatient <input type="checkbox"/>			Date of Discharge or End Date of Service	
Multimodal pain management / ERAS protocol YES NO Describe: _____			Non-opioid analgesic: Exparel YES NO Other: _____ YES NO	
Document Supporting Clinical Below or Include Clinical Office Notes to Support Your Request Total number of pages faxed: 				

For Reviewer Use Only:

Receipt Date: _____ Decision Date: _____ Notification Date: _____
 Notified By: _____ Criteria _____ Signature: _____
 Retro Penalty: Y N Reviewer Approval Status: Y N

AUTHORIZATION#:

VALID DATE(S):

- ♦ THIS AUTHORIZATION DOES NOT GUARANTEE PAYMENT
- ♦ PAYMENT IS SUBJECT TO MEMBER ELIGIBILITY, NETWORK AND COVERAGE AT THE TIME OF SERVICE
- ♦ IF YOU WISH TO APPEAL THIS DECISION, CHANGE THE DATE OF SURGERY, OR CHANGE THE PLANNED SURGICAL PROCEDURE PLEASE CONTACT US AT THE PHONE NUMBER BELOW
- ♦ **IF YOU DO NOT RECEIVE RESPONSE WITHIN 2 BUSINESS DAYS, CONTACT US AT THE NUMBER BELOW**
- ♦ **CONFIDENTIALITY NOTICE:** The information contained in this transmission is confidential, proprietary or privileged and may be subject to protection under the law, including the Health Insurance Portability and Accountability Act (HIPAA). The message is intended for the sole use of the individual or entity to whom it is addressed. If you are not the intended recipient, you are notified that any use, distribution or copying of the attached material is strictly prohibited and may subject you to criminal or civil penalties. If you received this transmission in error, please notify us immediately by telephone at (877) 949-0940.

Toll Free Tel. 1-800-485-0941

Toll Free Fax 1-800-783-6182