



Request for Services Requiring Pre Authorization

Telephone Number 1-877-915-0551, Option 2 / Fax 1-800-283-2117

Member Name:	Referred to:
Member ID #:	Specialty:
Member DOB: / / Telephone: ()	Referred to Provider ID #: _____
PCP Name:	<input type="checkbox"/> In Network <input type="checkbox"/> Out of Network
PCP ID #: Telephone: ()	Referred to Fax #: ()
Referring Physician Name:	Diagnosis (ICD-9):
Contact Person:	
Referring Physician Telephone: ()	CPT Codes:
Referring Physician Fax Number: ()	
Appointment Date:	Reason for Referral:

Request Type: Standard
 Expedited/Urgent*

*By checking this box I certify that applying the standard review time frame may seriously jeopardize the member's life, health, or ability to regain maximum function. You may call our Pre-Certification department and advise the request is Expedited/Urgent at 1-877-915-0551, option 2

IMPORTANT NOTE: As defined by CMS: An Expedited/Urgent request for a determination is a request in which waiting for a decision under the Standard time frame could place the member's life, health, or ability to regain maximum function in serious jeopardy.

Is this request related to an accident? YES NO Does this member have other insurance coverage? YES NO
 MVA WORKER'S COMPENSATION MEDICARE OTHER INSURANCE : (SPECIFY): _____

The following services require pre-authorization – please submit supporting clinical documentation to determine medical necessity; to include recent office visit notes, diagnosis codes and any recent x-ray or lab results where appropriate.

Inpatient Services:

- Hospital Admissions
- Birthing Centers
- Observation

Outpatient Surgical Services:

- Hospital
- Ambulatory Surgical Center

Outpatient Services Performed at a Hospital:

- Colonoscopy
- Hyperbaric Oxygen Treatment
- Endoscopy
- Wound Care
- All Therapy and Rehabilitative Services

Outpatient Services:

- PET Scans MRA
- MRI Physical Therapy
- Sleep Studies Wound Care
- Total OB Care Speech, Occupational or Respiratory Therapies
- Chemotherapy Radiation Therapy
- Infusion Services* Home Health Services*
- Durable Medical Equipment (DME)*

*Fax Requests to Univita at: 888-914-2202

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