

Prior Authorization

- Routine:** (Applies to routine service requests. These should be submitted **at least 15 days ahead** of scheduled service. This applies to most requests. Request must be approved before service can be performed).
- Administratively Urgent** (Routine service scheduled prior to the 15 days allowed to review, reserved for filling cancellations)
- Urgent** (Urgent means there is imminent risk to the member's health if service is not received within 72 hours. This box should not be used for scheduling conveniences.)

GHC-SCW Care Management reserves the right to change referral type should request not match definitions listed above

ALL OF THE FOLLOWING MUST BE COMPLETED

PATIENT INFORMATION	
NAME	DATE OF BIRTH
ADDRESS	MEMBER NUMBER
CITY/STATE	ZIP
REFERRED BY PROVIDER	REFERRED TO FACILITY/PROVIDER
ORDERING PROVIDER'S NAME	FACILITY
PROVIDER'S ADDRESS	FACILITY ADDRESS
CITY/STATE/ZIP	CITY/STATE/ZIP
PROVIDER'S NPI #:	FACILITY NPI ID#
FORM SUBMITTED BY:	FACILITY PHONE #:
REFERRING PROVIDER PHONE #:	FACILITY FAX #:
REFERRING PROVIDER FAX #:	FACILITY TAX ID #
<input type="checkbox"/> Patient's Request	

SERVICES REQUESTED (Supporting clinical documentation **MUST** accompany this request)

<input type="checkbox"/> Consult Only <input type="checkbox"/> DME (Durable Medical Equipment) <input type="checkbox"/> Inpatient Services <input type="checkbox"/> Outpatient Surgical Services <input type="checkbox"/> MRI/PET/CT <input type="checkbox"/> Infusion/Injectable <input type="checkbox"/> Home Care/Hospice <input type="checkbox"/> Inpatient SNF <input type="checkbox"/> Lab <input type="checkbox"/> Diagnostics <input type="checkbox"/> Other _____	
DIAGNOSIS CODE:	PROCEDURE CODE:
DIAGNOSIS DESCRIPTION:	PROCEDURE DESCRIPTION:
# Of Visits _____ Frequency _____	DATE(S) OF SERVICE:
COMMENTS:	

A referral is not a guarantee of eligibility or benefits under the member's health plan. Payment will be made in accordance with the member's plan benefits at the time the service is rendered. Please call Member Services at (800) 605-4327 if you have questions about benefits. Retrospective requests will not be accepted.

Prior Authorization and Clinical Information Fax Number: (608) 831-6099