



Fax: 1-855-402-1684
 1-253-627-4708 (SNF and Inpatient)

Phone: 1-877-836-6806
 1-253-627-4113 (Clinical Team for SNF)

Requestor contact: _____

 Phone: _____ Ext: _____
 Fax: _____

Routine **Urgent** is defined as a medical or behavioral health condition manifesting itself by acute symptoms of sufficient severity such that if services are not received within the required review time frame, the person's situation is likely to deteriorate to the point that emergent services are necessary.

Urgent

Patient name: _____ DOB: _____
 Insurance ID: _____ Medicaid Medicare Commercial
 Phone: _____ Address: _____

Requesting provider

Name: _____
 Tax ID: _____
 NPI: _____
 Address: _____
 Phone: _____ Fax: _____
 PCP: Same as above
 Name: _____
 PCP notified? : Yes No

Servicing provider

Name: _____
 Tax ID: _____
 NPI: _____
 Address: _____
 Phone: _____ Fax: _____

Servicing facility

Name: _____
 Tax ID: _____
 NPI: _____
 Address: _____
 Phone: _____
 Fax: _____

Type of service:

Part B Home health Other

DME: \$_____ purchase/ \$_____ rental

Date of service: _____

Location of service:

Inpatient Outpatient Office

SNF Home Other _____

Must attach supporting clinical information
 (e.g., plan of care, medical records, lab reports, letter of medical necessity, progress notes, etc.)

Diagnosis description: _____
 ICD-10 code(s): _____
 CPT code(s) X quantity: ex.90213x10: _____
 Laterality (if appropriate): Left Right
 Comments: _____
 If out-of-network request, provide reason: _____

This authorization is not a guarantee of payment. Payment is contingent upon eligibility, benefits available at the time the service is rendered, contractual terms, limitations, exclusions, and coordination of benefits, and other terms & conditions set forth in the member's Evidence of Coverage.

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