

Expected Service Date: <input type="checkbox"/> STAT -within 24-48 hrs	LCM: Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
<input type="checkbox"/> EXPEDITED -within 3-4 business days	RN Assigned:
<input type="checkbox"/> ROUTINE -within 7 business days	



PRECERTIFICATION REQUEST FORM

*** PLEASE FAX BACK WITH CHART NOTES ATTACHED - THANK YOU**

Please **FAX** completed form, **Prescription**, and/or **related clinical info** to (559) 243-7012.
For questions, please call HealthComp UM Department at (800) 755-7247.

Today's Date:		Requested By:		From: Prov. <input type="checkbox"/> Facility <input type="checkbox"/>	
Patient Name:				DOB:	
Employee ID #:		Employee Name:			
Address:					
Home Phone:			Alternate Phone:		
Does this patient have other insurance? Y <input type="checkbox"/> N <input type="checkbox"/>			Is this Workman's Comp Related? Y <input type="checkbox"/> N <input type="checkbox"/>		
Name of other Insurance:					
Facility or Hospital Name:					
Billing Address City & State:					
Phone #:		Fax #:		Tax ID #:	
Physician Name:				Specialty Type:	
Billing Address:					
Phone #:		Fax #:		TID #:	
Dx:1)			ICD-9:		
Dx:2)			ICD-9:		
Service Requested:			CPT4/HCPCS:		
Service Requested:			CPT4/HCPCS:		
Requested Date/s From:		To:		#Days/Visits:	
				IP <input type="checkbox"/> OP <input type="checkbox"/> Rent <input type="checkbox"/> Purch <input type="checkbox"/>	

This space for HealthComp use only

Group Name:	Group #:	Network:
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Reviewed By: _____ **Reviewer#:** _____ **Review Date:** _____
Precertified: YES NO **Precert#:** _____ **Precert DOS:** _____
Denial Reason Code: _____ **Requested #** _____ **Precertified#** _____

Please be advised that HealthComp's Utilization Management Program cannot deny medical attention. Precertification involves a review of medical necessity only and does not guarantee payment or confirm coverage. Benefit payments are based on Eligibility and the Schedule of Benefits payable under the Plan at the time of service, and are subject to all Limitations and Exclusions in addition to these precert requirements. Please contact Customer Service @ 1-800-442-7247 regarding Benefits and Eligibility questions. Form UM020020 Rev. 11152007