Universal Healthcare IPA, Inc.

Phone: 661-695-5990
Fax: 661-735-5863

Referral Prior Authorization Form

Please Check Type: ☐ STAT ☐ Urgent ☐ Routine Health Plan _____ Check Product: ☐ Commercial ☐ Medi-Cal ☐ Medicare

Date of Submission: _____ Name of Person Submitting Authorization: _____

PLEASE PRINT **Member information (Complete in full)**

Patient Name: Alternate Contact Information:

Address City State Zip Daytime Phone

Member ID# DOB: Age: CCS Eligible Condition: YES ☐NO ☐

Alternate ID# CCS Open Case#:

PLEASE PRINT **Requesting Provider Information: (Complete in full)**

Requesting Provider: _____ Phone:_____ Fax: _____

Address:_____

Provider NPI # _____ Provider Tax ID #_____

Provider Signature:_____ Date:_____

PLEASE PRINT **Requested Service(s)/Requested Provider: (Complete in full)**

Requested Service(s) (CPT codes): _____

Requested Unit(s): _____

Requested Specialty: _____

Requested Provider: _____

Requested Place of Service: _____

Address: _____

Phone: _____ Fax: _____

INFORMATION BELOW MUST BE COMPLETED TO PROCESS SERVICE REQUEST

Diagnosis (ICD10 Codes)/Clinical Problem:_____

Clinical History/Date of Onset: _____

_____

_____

_____

To facilitate processing of request, please attach clinical documentation including progress notes, reports, labs, imaging, etc. (Total additional pages ___)

Universal Healthcare IPA, Inc.

Phone: 661-695-5990
Fax: 661-735-5863

For Universal Healthcare IPA Use ONLY:

☐ Approved ☐ Denied ☐ Modified ☐ Duplicate ☐ Delayed ☐Disenrolled

Receipt Date: _____ **Authorization #** _____

☐ Commentary/UM Criteria Not Met: _____

_____

Reviewer Signature _____ Date _____

PCP _____

AUTHORIZATION CONTINGENT UPON ELIGIBILITY ON DATE OF SERVICE Eligibility Date _____

HIPAA Notice: The information contained in this form may contain confidential and legally privileged information. It is only for the use of the individual or entity named above. If the recipient of this form is not the recipient addressed on the form, you are hereby notified that any dissemination, distribution, or copying of the attached document (s) is strictly prohibited. If you have received this in error, please immediately notify the sender by telephone and return the form to the sender.