SANTÉ PHYSICIANS

REQUEST FOR PRIOR AUTHORIZATION

FAX completed form with relevant clinical information attached to (833)853-8549
For questions, call (559)228-2905 or toll free at (833)513-0622

Select health plan:

- ☐ Aetna
- ☐ Aetna Medicare
- ☐ Anthem Blue Cross
- ☐ Blue Shield
- ☐ Blue Shield 65 Plus
- ☐ Brand New Day
- ☐ Cigna
- ☐ Health Net
- ☐ Health Net Medicare
- ☐ UnitedHealthcare
- ☐ UnitedHealthcare Medicare
- ☐ Alignment Health

SERVICES REQUIRING PRIOR AUTHORIZATION (select requested service)

- ☐ Bariatric Surgery
- ☐ Colonoscopy, EGD, Manometry
- ☐ Cosmetic/Reconstructive Surgery
- ☐ DME Purchase over $500
- ☐ DME Rental
- ☐ Genetic Testing
- ☐ Home Infusion
- ☐ Infusions - Ambulatory
- ☐ Injections – Self-Injections
- ☐ Injections – In-Office Injections
- ☐ MRI, MRA, CT & PET Scans
- ☐ Out-of-Plan Provider
- ☐ Sleep Studies
- ☐ Transplants in conjunction with Health Plan Programs
- ☐ Varicose Vein Treatment
- ☐ Wound Care – Facility Based

TYPE OF REQUEST

NON-URGENT for routine or elective services

URGENT if imminent threat to life or health exists requiring care **within 72 hours or less**

PATIENT INFORMATION

Patient Name: (Last, First, MI)		**Date of Birth:** (MM/DD/YY)
I.D.#:	**Gender:** ☐ **M** ☐ **F**	**PCP:**

FROM – REQUESTING PHYSICIAN

Requesting Physician:	**NPI:**	**Tax ID:**
Contact Person:	**Phone:**	**Fax:**
Physician Signature:		**Date:**

TO – WHERE WILL PATIENT RECEIVE SERVICES?

Physician/Provider/Facility Requested:	**NPI:**	**Tax ID:**
Where will services be rendered? (provide name of facility, if other than provider office or patient's home)		
Address:	**Phone:**	**Fax:**

CLINICAL INFORMATION

ICD-10 Codes: **1** **2** **3**	**Diagnosis Description:**	
CPT/HCPC Codes: **1** **2** **3**	**Describe Service Requested:**	**# of Days/Visits:**
Comments:		

Within 2 days before the actual date of service, provider MUST confirm that the member's health plan coverage is still in effect. With the exception of urgent requests, it is recommended that you do not schedule appointments prior to authorization approval. Emergency services do not require prior authorization and are reviewed retrospectively for necessity. This message is intended only for the use of the individual/entity to which it is addressed and may contain confidential information. If the reader of this message is not the intended recipient, you are hereby notified that any distribution is strictly prohibited.