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Eff - Jan2019

Authorization #: _____

PRE-CERTIFICATION FORM

Please note that pre-certification is only a determination of medical necessity, not an assurance of coverage, verification of benefits, or a guarantee of payment. This is subject to member's eligibility at the time of service. Failure to obtain pre-certification approval for those services or benefits requiring prior authorization from NetCare may result in a disallowance of up to 50% of charges.

REGULAR (within 24 hrs. - 72 hrs.) URGENT APPTMT ON _____

Commercial / PPO Commercial - Advantage HMO / POS United Airlines (Plan _____)

Patient Name _____ D.O.B. _____ Member ID # _____
 Insured Name _____ Home# _____ Cell Phone # _____
 Requesting Provider Name _____ TIN # _____ Contact Person _____
 Office Phone # _____ Fax # _____ Alt. Phone # _____
 Facility Name _____ TIN # _____ Contact Person _____
 Office Phone # _____ Fax # _____ Alt. Phone # _____
 ICD9 Code(s) _____ CPT Code(s) _____
 Date of Service: _____ Out-Patient Setting: Surgi-Center Clinic
 In-Patient: Yes No Admit Date: _____ Discharge Date: _____ Requested In-Patient Days: _____
 If Home Care Facility, Purpose of Referral _____ Requested # of Visits: _____
 Comments: _____

SIGNATURE OF REQUESTING PHYSICIAN

*****BELOW TO BE COMPLETED BY NETCARE *****

Current Eligibility _____ Related Referral Authorization # _____
 Chart Notes Requested: Yes No Date Requested: _____ Date Received: _____
 Comments: _____

PCP on Panel ? Yes No Specialist on Panel? Yes No Facility on Panel? Yes No
 PENDED for: Additional Info. Requested NetCare Medical Director's Review

APPROVED: AUTHORIZED MODIFIED Authorization #- _____
 Procedure(s): _____ Co-Payment: _____
 Approved by: _____ Date Approved: _____ Expires on: _____ # of In-Pt Days Authorized: _____

DISAPPROVED: NOT Authorized By: _____ Date: _____
 Member Not Eligible Out-of-Network Facility Out-of-Network Provider Medical Necessity Not Established Plan Benefits Exhausted Not A Covered Benefit

Comments: _____

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