

# Pre-Authorization Request Form

**Notice: UHSM has a 5 business day turn around time on all pre-authorization requests.** Failure to complete this form in its entirety may result in delayed processing or an adverse determination for insufficient information. Pre-authorizations are valid for 90 days. Pre-authorizations are for professional and institutional services only. All oral medication requests must go through Members' pharmacy benefits. By submitting this pre-authorization, you are agreeing to work with UHSM on in-network pricing.

**Fax completed pre-authorization form to UHSM at (888)-317-9602. If you have questions about this form, please contact Member Services at memberservices@weshare.org or 800-900-8476.**

## GENERAL REQUEST

## MEMBER INFORMATION

Name \_\_\_\_\_ Date of Birth \_\_\_\_\_ Member ID # \_\_\_\_\_

Place of Service  Physician's Office  Patient's Home  Outpatient Hospital Care  Inpatient Hospital Care  
 Freestanding Ambulatory Surgery Center  Home Care Agency  Long Term Care  Other (explain) \_\_\_\_\_

Anticipated Date of Service \_\_\_\_\_

## PROVIDER INFORMATION

### Servicing Provider/Vendor/Lab Name and Address

\_\_\_\_\_

Tax ID # \_\_\_\_\_ NPI \_\_\_\_\_

Referring/Prescribing Physician's Name \_\_\_\_\_  PCP  Specialist \_\_\_\_\_

Tax ID # \_\_\_\_\_ NPI \_\_\_\_\_ Please identify specialty \_\_\_\_\_

### Servicing Facility Name and Address:

\_\_\_\_\_

Tax ID # \_\_\_\_\_ NPI \_\_\_\_\_

Office Contact \_\_\_\_\_ Phone Number \_\_\_\_\_ Fax Number \_\_\_\_\_

**Please enter all codes requested; "by report" codes must have a description of why the code is being used**

ICD-10 CODE(S) \_\_\_\_\_

CPT CODE(S) \_\_\_\_\_

HCPCS CODE(S) \_\_\_\_\_

## PATIENT CLINICAL INFORMATION

**Please provide the following documentation:**

1. History and physical and/or consultation notes including:

- Clinical findings (i.e. pertinent symptoms and duration)
- Comorbidities
- Activity and functional limitations
- Family history if applicable
- Reason for procedure/test/device, when applicable
- Pertinent past procedural and surgical history
- Past and present diagnostic testing and results
- Prior conservative treatments, duration, and response
- Treatment plan (i.e. surgical intervention)

2. Consultation and medical clearance report(s), when applicable

3. Radiology report(s) and interpretation (i.e. MRI, CT, discogram)

4. Laboratory results

5. Other pertinent multidisciplinary notes/reports: (i.e. psychological or psychiatric evaluation, physical therapy, multidisciplinary pain management) when applicable

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