

Expected Service Date: <input type="checkbox"/> STAT -within 24-48 hrs <input type="checkbox"/> EXPEDITED -within 3-4 business days <input type="checkbox"/> ROUTINE -within 7 business days <input type="checkbox"/> RETRO REVIEW within 30 business days <input type="checkbox"/> REFERENCE CLAIM #	LCM: Yes <input type="checkbox"/> No <input type="checkbox"/> RN Assigned: <input type="checkbox"/>
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Precertification Request Form

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

Please FAX completed form, provider prescription/order, and/or related clinical info to (559) 243-7012
 For questions, please call **Scripps Medical Plans Member Service Center at 877-552-7247**

Today's Date:	Requested By:	From: Prov. <input type="checkbox"/> Facility <input type="checkbox"/>
Patient Name:		Patient DOB:
Subscriber ID#	Subscriber 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: Primary <input type="checkbox"/> Secondary <input type="checkbox"/>		
Facility or Hospital Name:		
Billing Address City & State:		
Phone:	Fax:	Tax ID #:
Attending Physician Name:		Specialty Type:
Billing Address:		
Phone:	Fax:	Tax ID #:
Dx:	ICD-9:	
Dx:	ICD-9:	
Service Requested:	CPT4/HCPCS:	
Service Requested:	CPT4/HCPCS:	
Requested Dates: From: To:	# of Days/Visits:	IP <input type="checkbox"/> OP <input type="checkbox"/> Rent <input type="checkbox"/> Purch <input type="checkbox"/> Purchase Price \$ Rental Price \$

This space for Scripps Medical Plans Member Service Center use only

Group Name:	Group #:	Network:
Reviewed By: _____	Rev. #: _____	Fast Track <input type="checkbox"/> Rev. Date: _____
Pre-certified: YES <input type="checkbox"/> NO <input type="checkbox"/> Pre-cert#: _____	Pre-cert DOS: _____	
Denial Reason Code: _____ Requested # _____	Pre-certified# _____	
(LCM use) MCG: ACG:	MCG: ORG:	

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 Scripps Medical Plans Member Service Center @ 1-877-552-7247 regarding Benefits and Eligibility questions.