



Utilization Management Preauthorization Form: Out-of-Plan Referral

Fax: 1-833-619-5745
Phone: 1-844-946-6263

To facilitate your request, please complete this form and submit with relevant clinical and diagnostic information from an in-plan specialist.

Patient Information

Check box if patient is under 21 and considered medically fragile.

Patient Name	
Patient Date of Birth	
Patient ID with Prefix	
Patient Diagnosis Code	
Patient Comorbidities	

Requesting In-Plan Provider Information

Provider Name	
Provider Specialty	
Provider Address	
Provider NPI/ Tax ID	
Designated Contact	
Contact Phone Number	
Contact Fax Number	

Out-of-Plan Servicing Provider/Facility Information

Provider/Facility Name			
Provider/Facility Address			
Provider/Facility Specialty			
Provider/Facility NPI/ Tax ID			
Provider/Facility Phone Number			
Provider/Facility Fax Number			
Home	Office	Outpatient Ambulatory	Outpatient Hospital

Services Requested

CPT/HCPCS	# of Visits/Units	Description

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