

PADS/MEDICARE PART B DRUGS REQUEST

Submit request on [SFHP Provider Portal](#) OR fax completed form with clinical notes to Physician Administered Drugs (PADS)/Medicare Part B Drugs Fax*: **1(415) 943-9710**

*Physician Administered Drugs (PADS) & Medicare Part B Drugs follow an expedited turnaround time. To avoid delays, attach clinical notes supporting request.



NOTE: ALL FIELDS ARE REQUIRED

TYPED ONLY - NO HANDWRITTEN FORMS

Request Type:	New Request	Modify Auth #	
	Experimental/Investigational (Not a Benefit)		Clinical Trial ((Medicaid attestation form required))

Request Priority:	Urgent	Routine	Retroactive (30 calendar days)
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Select Status:	Outpatient	Observation (up to 48 hours)	Planned Admission (select all that apply below)
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Planned Admission Reason:	Pre-Op Day	Acute Care (requires justification)
	Acute Care justification:	

Line of business:	Medi-Cal	SFHP Care Plus (HMO D-SNP)	Healthy Workers HMO	Other Primary:
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PATIENT		REQUESTING PROVIDER	
Name:		Primary Care Provider	Specialist Vendor/Ancillary
SFHP ID#:	Date of Birth:	Name:	NPI#:
Telephone:		Specialty:	
Address:		Contact Name:	
		Telephone:	Fax:
		Address:	

NETWORK		RENDERING PROVIDER	
Out of Network?	Yes (select reason) No	Provider Name:	NPI#:
Out of Network Reason: Service not available in network Second Opinion Other (describe):	Continuity of Care	Specialty:	
		Contact Name:	
		Telephone:	Fax:
		Address:	

DIAGNOSES/SERVICE CODES

Diagnosis Codes (at least one code):

Drug and/or Service Codes:

CODE	# OF DATES OF SERVICE	DRUG NAME/DESCRIPTION

CODE	# OF DATES OF SERVICE	DRUG NAME/DESCRIPTION

Today's Date:	Date(s) of Service:
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Comments:

Important: Attach appropriate clinical notes to support your request. Questions? Call **1(415) 547-7818 ext. 7080**