

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)	
Select Status:	Outpatient	Observation (up to 48 hours)	Planned Admission (select all that apply below)	
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:

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:			Specialty:	
Service not available in network	Continuity of Care		Contact Name:	
Second Opinion			Telephone:	Fax:
Other (describe):			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:

Comments:

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