

# Pre-Authorization Request Form



Fax: 1(415) 357-1292 Telephone: 1(415) 547-7818 ext. 7080

*Here for you*

**NOTE: ALL FIELDS MARKED WITH AN ASTERISK (\*) ARE REQUIRED.**

**TYPED ONLY - NO HANDWRITTEN FORMS**

Select all that apply:  New Request  Modification Request for Authorization #:

Second Opinion:

Select type of request\*:  Urgent  Routine  Retro (Must be submitted within 30 calendar days of date of service)

Authorizations are based on medical necessity and covered services. Authorizations are contingent upon member's eligibility and benefits and are not a guarantee of payment. The provider is responsible for verifying member's eligibility on the date of service.

Please verify eligibility using one of the following methods:

1. Web: [sfhp.org/providers](http://sfhp.org/providers) 2. Interactive Voice Response: 1(415) 547-7810 3. SFHP Customer Services: 1(800) 288-5555

Select line of business:  Medi-Cal  Healthy Workers HMO

Does additional coverage exist?\*  Yes  No If yes, specify the following: Carrier:

Policy#:

## PATIENT

Name\*:

SFHP ID#\*:

Telephone:

Address:

## REQUESTING PROVIDER

Primary Care Provider  Specialist  Vendor/Ancillary

Name\*:

Telephone\*:

**Contact Name:**

Fax:

Address:

## RENDERING PROVIDER

Name / Facility / Vendor\*:

Specialty\*:

NPI#:

Telephone\*:

**Contact Name:**

Fax\*:

Address:

Reason for out of medical group/non-contracted provider:

## DIAGNOSES / SERVICE CODES

At least one valid diagnosis code **and** one valid service code are required.\*

**Diagnosis Codes:** Please document diagnosis completely.

**Service Codes:** Indicate quantity and modifiers (if applicable) for each code. If no quantity is indicated, the amount will default to 1.

Ensure quantities are consistent with valid CPT/HCPCS values.

| CODE | MOD | QTY | DESCRIPTION | CODE | MOD | QTY | DESCRIPTION |
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Select hospital status\*:  Inpatient, number of days:

Outpatient

**Date of Service:**

Comments:

Today's Date:

**Important:** Please attach appropriate clinical documentation to support your request.