

General Precertification Request

•	for a determinat				vaiting for a decision under the illity to regain maximum function is in
	☐ Standard red	quest		□ Ехр	edited request
Member information					
Member name			Date of birth		
Insurance ID number			Phone		
Provider information					
Ordering provider name			Provider ID		
Ordering provider specialty					
Address					
Phone			Fax		
Rendering provider name			Provider ID		
Address					
Phone			Fax		
Facility information					
Facility name		Facili	ty ID number		
Facility address					
Date/date range of service	Place of service:				
		☐ Outpatient ☐ Inpatient ☐ Observation ☐ Other			
Service(s) requested (CPT® codes)		If other, please describe			
Diagnosis (ICD if known)					