

**Precertification Request Form**

*Please complete all information requested on this form. Please fax completed form along with pertinent medical records to:*

Fax: (855) 533-4150 Attn: Precertification Team

If request is urgent, please call (888) 897-6334



<b>Member Name</b>	
<b>Member ID</b>	
<b>Member DOB</b>	

<b>Service Setting</b>	OUTPATIENT	INPATIENT
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<b>Attending Physician Name</b>	
<b>Physician Tax ID</b>	
<b>Physician NPI</b>	
<b>Physician Address</b>	
<b>Physician City</b>	
<b>Physician State/Zip</b>	
<b>Physician Phone</b>	
<b>Physician Fax</b>	

<b>Facility Name</b>	
<b>Facility NPI</b>	
<b>Facility Tax ID</b>	
<b>Facility Address</b>	
<b>Facility City</b>	
<b>Facility State/Zip</b>	
<b>Facility Phone</b>	
<b>Facility Fax</b>	

<b>ICD-10 (s)</b>	
<b>Service Date</b>	
<b>CPT (s)</b>	

**Requestor** \_\_\_\_\_

**Phone** \_\_\_\_\_ **Fax** \_\_\_\_\_

MediSolution's Utilization Management program is designed to provide clinical review of medical care to convey information and recommendations to plan administrators and carriers in connection with their determination of benefit eligibility. Medical necessity certification does not guarantee that services are covered. Benefits are subject to the patient's eligibility at the time charges are actually incurred, and to all other terms, conditions and exclusions of the applicable health plan.