



MEDICARE ONLY
REQUEST FOR SERVICES REQUIRING PRE AUTHORIZATION

Member Name: _____ REFERRED TO: _____
Simply Healthcare Plans ID #: _____ SPECIALTY: _____
Member DOB: ____/____/____ Telephone: (____) ____-____ REFERRED TO SIMPLY HEALTHCARE PLANS ID #: _____
PCP Name: _____ REFERRED TO FAX #: (____) _____
PCP ID #: _____ Telephone: (____) ____-____ DIAGNOSIS (ICD-9): _____, _____, _____, _____
REFERRING PHYSICIAN NAME: _____ CPT CODES: _____, _____, _____, _____
CONTACT PERSON: _____ REASON FOR REFERRAL: _____
REFERRING PHYSICIAN TELEPHONE: (____) _____
REFERRING PHYSICIAN FAX NUMBER: (____) _____

Request Type:

- Routine (Up to 14 Calendar Days from the receipt date)
- EXPEDITE (Up to 72 hours from the receipt date) **IMPORTANT NOTE:** Per Medicare, a request to **EXPEDITE** an organization determination is defined when the enrollee or his/her physician believes that waiting for a decision under the standard (Routine) time frame **could place the enrollee's life, health, or ability to regain maximum function in serious jeopardy**. EXPEDITE Requests must be phoned in to the Plan's Pre-Certification Team (see below)
- Initial (First) Request 2nd Request 3rd Request

IS THIS REQUEST RELATED TO AN ACCIDENT? YES NO DOES THIS MEMBER HAVE OTHER INSURANCE COVERAGE? YES NO
 MVA WORKER'S COMPENSATION MEDICAID OTHER (SPECIFY): _____

THE FOLLOWING SERVICES REQUIRE PRE-AUTHORIZATION--PLEASE SUBMIT SUPPORTING CLINICAL DOCUMENTATION TO DETERMINE MEDICAL NECESSITY:

INPATIENT SERVICES:

- HOSPITAL ADMISSIONS
- BIRTHING CENTERS
- 23 HOUR OBSERVATION

OUTPATIENT SURGICAL SERVICES:

- HOSPITAL
- AMBULATORY SURGICAL CENTER

OUTPATIENT SERVICES PERFORMED AT A HOSPITAL:

- COLONOSCOPY
- HYPERBARIC OXYGEN TREATMENT
- ENDOSCOPY
- WOUND CARE
- ALL THERAPY AND REHABILITATIVE SERVICES

OUTPATIENT SERVICES:

- PET SCANS MRA
- MRI PHYSICAL THERAPY
- Sleep Studies WOUND CARE
- TOTAL OB CARE SPEECH/LANGUAGE PATHOLOGY THERAPY
- OCCUPATIONAL THERAPY RESPIRATORY THERAPY
- CHEMOTHERAPY
- RADIATION THERAPY
- DURABLE MEDICAL EQUIPMENT (DME) FAX REQUESTS TO ALL MED AT:
800-831-4264
- HOME HEALTH SERVICES AND INFUSION: FAX REQUESTS TO ALLMED AT
800-831-4264

- **Please FAX to: Simply Healthcare at (305) 408-5810 or (800) 283-2117**
- **EXPEDITED Requests: Please do NOT fax the request. Call Simply Healthcare's Pre-Certification Telephone Queue and advise that the request is to be an EXPEDITED Request at: (877) 915-0551, Prompt 2**

*****PRIOR AUTHORIZATION IS NOT A GUARANTEE OF PAYMENT*****