FirstChoice VIP CARE PLUS by Select Health of South Carolina

Prior Authorization Request Form

Please type this document to ensure accuracy and to expedite processing.
All fields must be completed for the request to be processed.
Please make a selection where applicable throughout the document.

DATE		
TYPE OF REQUEST	_____ URGENT _____ STANDARD _____ RETROSPECTIVE	
TREATMENT SETTING	_____ INPATIENT _____ OUTPATIENT	
REQUEST TYPE	_____ EXTENSION _____ INITIAL _____ CANCEL _____ CHANGES DOS/SETTING	
_____ ADDITIONAL CLINICAL _____ DISCHARGE PLANNING _____ OTHER		
PREVIOUS AUTHORIZATION NUMBER		
CONTACT NAME		
CONTACT PHONE	CONTACT FAX	

MEMBER INFORMATION

LAST NAME		
FIRST NAME		
MEMBER ID (MEDICARE ID OR HEALTH PLAN ID)		
MEMBER PHONE NUMBER	DATE OF BIRTH	
MEMBER STREET ADDRESS		
CITY	STATE	ZIP

PROVIDER INFORMATION

PROVIDER NAME			
PROVIDER TIN	PROVIDER NPI		
PROVIDER PHONE NUMBER	PROVIDER FAX NUMBER		
PROVIDER STREET ADDRESS			
CITY		STATE	ZIP
PROVIDER STATUS _____ PAR _____ NON PAR _____ IN CREDENTIALING			
FACILITY NAME			
FACILITY TIN	FACILITY NPI		
FACILITY PHONE NUMBER	FACILITY FAX NUMBER		
FACILITY STREET ADDRESS			
CITY		STATE	ZIP
PROVIDER STATUS _____ PAR _____ NON PAR _____ IN CREDENTIALING			

REFERRING PHYSICIAN NAME (IF DIFFERENT FROM ABOVE)			
REFERRING PHYSICIAN TIN			
REFERRING PHYSICIAN NPI			
REFERRING PHYSICIAN PHONE NUMBER			
REFERRING PHYSICIAN FAX NUMBER			
REFERRING PHYSICIAN STREET ADDRESS			
CITY		STATE	ZIP
PROVIDER STATUS _____ PAR _____ NON PAR _____ IN CREDENTIALING			

MEDICAL SECTION

DIAGNOSIS CODE		

PROCEDURE CODE	START DATE	END DATE	NUMBER OF UNITS	CODE DESCRIPTION

MEDICAL SECTION

NOTES

PLEASE FAX TO **1-888-257-7960**

IN ORDER TO PROCESS YOUR REQUEST IN A TIMELY MANNER, PLEASE SUBMIT ANY PERTINENT CLINICAL INFORMATION TO SUPPORT THE REQUEST FOR SERVICES. IF AN OUT OF NETWORK PROVIDER IS BEING UTILIZED, PLEASE SUBMIT DOCUMENTATION TO SUBSTANTIATE THE USE OF AN OUT OF NETWORK PROVIDER AS WELL. PLEASE CONTACT AMERIHEALTH CARITAS' UTILIZATION MANAGEMENT DEPARTMENT AT 1-888-913-0350 FOR QUESTIONS.

URGENT MEDICAL CONDITION: 1) APPLYING THE STANDARD TIME FRAME COULD SERIOUSLY JEOPARDIZE THE LIFE OR HEALTH OF THE MEMBER OR THE MEMBER'S ABILITY TO REGAIN MAXIMUM FUNCTION; OR 2) IF A PHYSICIAN (CONTRACTED OR NONCONTRACTED) IS REQUESTING AN EXPEDITED DECISION (ORAL OR WRITTEN) OR IS SUPPORTING A MEMBER'S REQUEST FOR AN EXPEDITED DECISION. DECISIONS FOR URGENT REQUESTS ARE RENDERED WITHIN 72 HOURS.

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by Select Health of South Carolina