



PRIOR AUTHORIZATION FORM FOR OUTPATIENT SERVICES

Fax completed form to Care Management (608) 836-6516

Pre-Service Non-Urgent

Pre-Service Administratively Urgent

(Services which do not meet the definition of Medically Urgent, however, are deemed to be time-sensitive by one or more of the affected parties.)

Pre-Service Medically Urgent (Attending Provider Signature Required)

(Medically Urgent = In the opinion of the attending provider, there is a risk to the member's life, serious bodily injury, or pain that cannot otherwise be managed.)

PATIENT DEMOGRAPHICS

Table with 2 columns: Patient's Name, Date of Birth, Dean Health Plan Member ID, Primary Contact Phone Number

REFERRING PHYSICIAN INFORMATION:

Table with 3 columns: Name, Phone Number, Fax Number, Mailing Address, City, State, Zip

REFERRED TO PROVIDER INFORMATION

*Requests to non-plan providers must be approved prior to obtaining services

Table with 3 columns: Name, Provider's Specialty, Phone Number, Mailing Address, City, State, Zip

Is this related to a third-party liability?

W/C checkbox

MVA checkbox

Other checkbox

Table with 3 columns: Diagnosis, ICD 9 Codes, Date of Service, # of Visits Requested

CPT Code and Description of Requested Service(s):

Large empty box for CPT code and description

Form Submitted by:

Table with 3 columns: Name, Phone, Fax

If you have any questions while completing this form please contact the Dean Health Plan Customer Care Center at (800) 279-1301