

**Pre-Service Non-Urgent/Standard**

**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/Expedited**

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

**Check if you are requesting services at another Tier for a ASO PPO Member**

PATIENT DEMOGRAPHICS		
Patient Name:		Date of Birth:
Member ID:		Phone Number:
Street Address:		
City:	State:	Zip Code:

REFERRING PROVIDER INFORMATION				
Provider Name:			Phone #:	
Street Address:			Fax #:	
City:	State:		Zip Code:	
Provider #:	Tax ID #:	NPI:	Specialty:	

REFERRED TO PHYSICIAN/FACILITY/PROVIDER INFORMATION				
Referred To:			Phone #	
Street Address:			Fax #	
City:	State:		Zip Code:	
Provider #:	Tax ID #:	NPI:	Specialty:	

REQUEST INFORMATION			
Date (s) of Service:	Diagnosis Code(s):	ICD Code(s):	
CPT Codes and Description:			
# of Visits	3 <sup>rd</sup> party liability:	W/C	MVA Other

Additional Information:
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Form Submitted By:		
Name:	Phone:	Fax:

The completed form can be faxed to: 608-252-0864.

If you have any questions regarding the services or form, please contact our Customer Care Center at 877-234-4516 or review [Dean Health Plan's ASO Medical Management](#) site.

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