

- 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.)

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 rd party liability:	<input type="checkbox"/> W/C	<input type="checkbox"/> MVA <input type="checkbox"/> Other

Additional Information:

Form Submitted By:		
Name:	Phone:	Fax: