

**Pre-Service Non-Urgent/Standard (Physician Signature NOT Required)**
**Pre-Service Administratively Urgent (Physician Signature NOT Required)**

(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 (Attending Physician Signature REQUIRED Below)**

(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.)

**Attending Physician Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**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 #:	Specialty:	

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

REQUESTED DATE OF SERVICE	DIAGNOSIS/ICD CODE(S)	

**Continued on next page**

The completed form can be faxed to: 608-252-0834.  
 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.

Equipment Information				
Type of Equipment	HCPCS	Quantity	Rental or Purchase	Price
<b>Comments:</b>				

Form Submitted By:		
Name:	Phone:	Fax:

The completed form can be faxed to: 608-252-0834.  
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.