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EN - Jan2018

Authorization #: _____

PRE-CERTIFICATION FORM

Please note that pre-certification is only a determination of medical necessity, not an assurance of coverage, verification of benefits, or a guarantee of payment. This is subject to member's eligibility at the time of service. Failure to obtain pre-certification approval for those services or benefits requiring prior authorization from NetCare may result in a disallowance of up to 80% of charges.

☐ REGULAR (within 24 hrs. - 72 hrs.)

☐ URGENT APPT/MT ON _____

☐ Commercial / PPO

☐ Commercial - Advantage HMO / POS

☐ United Airlines (Plan _____)

Patient Name _____	D.O.B. _____	Member ID # _____
Second Name _____	Resident _____	Club Phone # _____
Referring Provider Name _____	TDN # _____	Contact Person _____
Office Phone # _____	Fax # _____	Alt. Phone # _____
Facility Name _____	TDN # _____	Contact Person _____
Office Phone # _____	Fax # _____	Alt. Phone # _____
ICD9 Code(s) _____	CPT Code(s) _____	
Date of Service _____	Out-Patient Setting: <input type="checkbox"/> Inpatient <input type="checkbox"/> Clinic	
In-Patient: <input type="checkbox"/> Yes <input type="checkbox"/> No Admit Date _____	Discharge Date: _____	Requested In-Patient Days: _____
W Home Care Facility - Purpose of Referral _____		Requested # of Visits: _____
Comments: _____		

DISPOSABLE OF APPROVED PREVIOUS

BELOW TO BE COMPLETED BY NETCARE

Calendar Page Entry _____ Referral Refused, Authorization # _____
Chart Notes Requested: ☐ Yes ☐ No Date Requested: _____ Date Received: _____
Comments: _____
PCP on Panel? ☐ Yes ☐ No Specialist on Panel? ☐ Yes ☐ No Facility on Panel? ☐ Yes ☐ No
PENDED for: ☐ Additional Info. Requested ☐ NetCare Medical Director's Review

APPROVED: ☐ AUTHORIZED ☐ MODIFIED Authorization # _____
Reason(s): _____ Co-Payment: _____
Approved by: _____ Date Approved: _____ Expires on: _____ # of Health Days Authorized: _____

DISAPPROVED: ☐ NOT Authorized By: _____ Date: _____
☐ Member Not Eligible ☐ Out-of-Network Facility ☐ Out-of-Network Provider ☐ Medical Necessity Not Established ☐ Plan Does Not Include ☐ Not A Covered Benefit

Comments: _____

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