



AUTHORIZATION REQUEST FORM

INTERNAL WORKSHEET **NOT FOR PAYMENT**

c/o MedPOINT Management
 P.O. Box 7020-23, Tarzana CA 91357
 Phone: 866-211-1616 ♦ Fax: 888-905-5184

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| FORM MUST BE FULLY COMPLETED BY PRIMARY CARE PHYSICIAN'S (PCP) OFFICE. AUTHORIZATION IS VALID FOR 90 DAYS FROM DATE INDICATED BELOW | <input type="checkbox"/> STAT <input type="checkbox"/> ROUTINE | <input type="checkbox"/> URGENT <input type="checkbox"/> RETRO | <input type="checkbox"/> PATIENT REQUEST |
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|---------------|-----------|
| REQUEST DATE: | PCP NAME: |
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|----------|--------|-----------------|
| PHONE #: | FAX #: | PCP NPI NUMBER: |
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| PATIENT NAME | MEMBER ID# |
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| MAILING ADDRESS | PHONE # |
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| HEALTH PLAN: | PRODUCT LINE: |
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| <input type="checkbox"/> MALE | <input type="checkbox"/> FEMALE | DATE OF BIRTH | SUBSCRIBER NAME |
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| SUBSCRIBER RELATIONSHIP TO PATIENT |
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| REQUESTED SPECIALIST | PHONE # |
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| PRELIMINARY DIAGNOSIS | ICD-10 CODE |
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| REQUESTED SERVICE | CPT CODE | QUANTITY | LOCATION (eg MD office) |
|-------------------|----------|----------|-------------------------|
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| Outpatient | Inpatient | LOS | Anesthesiologist Name: |
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***All post-op services including office visits require the date of surgery to be indicated. All requests for obstetrical care should include the last LMP, EDC and scheduled facility for delivery. All pertinent information should be stated on all requests. Attach progress notes and additional reports if applicable.**

***CONSULTATIONS ONLY: PLEASE ANSWER THE FOLLOWING QUESTIONS:
 TO BE COMPLETED BY PCP**

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| 1. SPECIFIC ISSUES TO BE ADDRESSED BY CONSULTANT: | A) CHECK IF CO-MANAGEMENT REQUESTED <input type="checkbox"/> |
| | B) TAKE OVER CARE OF PROBLEM <input type="checkbox"/> |

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| 2. PERTINENT HISTORY & PHYSICAL EXAM DETAILS: |
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| 3. RELEVANT TREATMENT HISTORY INCLUDING MEDICATIONS/LAB/X-RAY/OTHER TEST RESULTS: |
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| Requesting Provider Signature & Date: |
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| Supervising Physician/Medical Navigator Signature: |
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| Form completed by: | Title: | Tel # |
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Please Note: This form should be filled out in its entirety. If the form is not completely filled out and legible, it may be returned to your office for proper submittal, which will delay the authorization process.