

Instructions for submitting

REQUESTS FOR PREDETERMINATIONS

A **predetermination of benefits** is a voluntary, written request for review of treatment or services that may be considered experimental, investigational or cosmetic. Predetermination approvals and denials are usually based on provisions in your plans medical policies. Your plan will notify the provider/patient when the final outcome has been reached.

Use this form to request:

- A predetermination of benefits prior to rendering the services.
- An appeal of a previously denied predetermination of benefits.

IMPORTANT PREDETERMINATION REMINDERS

1. Always verify eligibility and benefits first.
 - A predetermination is not required for all procedures, such routine, covered service listed in the members benefit packet.
 - You must also complete any other pre-service requirements, such as pre-certification, if applicable and required.
2. Fill out the entire Predetermination Request Form.
 - Be sure to include the provider's address and fax number.
 - Include a contact name, address and phone number.
 - Always provide the procedure code and the diagnosis code.
 - If applicable, provide left, right or bilateral.
 - For Major Diagnostic Tests, include the patient's history, physical and any prior testing information.
3. You **MUST** submit the predetermination to the Plan that holds the patient's policy.
4. Fax information for each patient separately, using the fax number indicated by the patient's plan.
5. Always place the Predetermination Request Form on top of other supporting documentation.
6. Do not send in duplicate requests, which may only delay the process.
7. Per your plans policy, if photos are required for review, the photos should be mailed along with the predetermination and not faxed. Faxed photos are not legible and cannot be used to make a determination.
8. To be notified via fax for the determination, please provide a contact name and fax number on the form.

Fax each completed Predetermination Request Form. If you are unable to fax, you may mail your request. It is important that all fields on the form be completed. If all information is not provided, this may cause a delay in the predetermination process.

Please note that the fact that a guideline is available for any given treatment, or that a service or treatment has been pre-certified or predetermined for benefits, is not a guarantee of payment. Benefits will be determined once a claim is received and will be based upon, among other things, the member's eligibility and the terms of the member's certificate of coverage applicable on the date services were rendered.

Please Return To
Name:
Mailing Address:
Fax:

Predetermination Request

Date:	Form Completed by:	Phone:			
Reason For Request					
<input type="checkbox"/> Determine Benefits and Coverage for the Requested Services <input type="checkbox"/> Determination of Patient Cost and Financial Liability <input type="checkbox"/> Determine Provider Network Status					
Member Information					
Member ID No:	Effective Date of Coverage:				
Subscriber Name:	Plan Type:				
Subscriber Date of Birth:	Employer:				
Patient Name:	Phone No:				
Patient Date of Birth:	Dates of Service: -				
Street Address:					
<small>Street</small>	<small>City</small>	<small>State</small> <small>Zip</small>			
Provider Information					
Provider's Name:	NPI:				
Credentials:	Tax ID No:				
Specialty:	Office Phone No:				
Service Address:					
<small>Street</small>	<small>City</small>	<small>State</small> <small>Zip+4</small>			
Diagnosis Codes / Reason for Services:	1)	2)	3)	4)	5)
	<small>Charge</small>	<small>Charge</small>	<small>Charge</small>	<small>Charge</small>	<small>Charge</small>
CPT/HCPCS/Revenue Codes:	\$	\$	\$	\$	\$
	\$	\$	\$	\$	\$
When is the patient's next appointment?			Expected Due Date (if applicable):		
Place of Service: <input type="checkbox"/> Home (12) <input type="checkbox"/> Office (11) <input type="checkbox"/> Birthing Center (25) <input type="checkbox"/> Other:					
PLEASE SUBMIT LAST OFFICE VISIT NOTE, TREATMENT PLAN, AND ANY RELEVANT CLINICAL DOCUMENTATION.					