Seton Health Plan
A member of the Seton Healthcare Family

**Prior-Authorization Form**
**Fax to:** (512) 380-4253

**Referral Type:**
□ Routine
□ Urgent (Service in next 72hrs) – based on medical urgency

| | | |
|---|---|---|
| ☐ **MAP CBRACKFQ**<br>**Term Date:** ___________________ | ☐ **Charity (Sliding Fee Scale, Seton Care Plus, MAP Basic, Other Charity)**<br>**Term Date:** ___________________ | ☐ **SHP Internal Use: Deemed not medically urgent by SHP Nurse**<br>**Initials:** ___________ |

| | |
|---|---|
| ***Request Date:** | ***Submitted by (Name):** |
| ***Phone # and Ext (Include area code):** | ***Return Fax # (include area code):** |
| ***Patient Name:** | |
| ***DOB:** | ***Patient's ID Number:** |
| ***Requesting Provider or Clinic name:** | **NPI:** |
| ***Requested Specialist or Service:** | **NPI:** |
| ***Requested # of visits:** | ***Proposed Date of Service:** |
| ***ICD-10 Codes:** | ***Diagnosis Description:** |
| ***CPT or HCPCS Codes:** | ***Description:** |
| ***Facility Name (for Inpatient or Outpatient Services):** | **NPI:** |

***□ Inpatient □ Outpatient □ Observation □ In Office □ Imaging □ DME/Home Health □ Therapy**

***Reason for referral (please attach pertinent clinical/progress notes or provide clinical narrative, including duration of problem, types of treatment, pertinent physical findings, pertinent testing results):**

**Coordination of Benefits (Other Insurance)**

| | | | | | | | |
|---|---|---|---|---|---|---|---|
| ***Workman's Compensation** | ☐ **YES** | **NO** | ***MVA Subrogation:** | ☐ **YES** | ☐ **NO** | **Date of Injury:** | |
| ***Other Insurance Coverage:** | ☐ **YES** | **NO** | **Name of Insurance:** | | | **Subscriber Name and ID #:** | |

**TO BE COMPLETED BY SETON HEALTH PLAN MEDICAL MANAGEMENT SERVICES**

| | |
|---|---|
| **Authorization Number:** | **Authorization Dates:** |
| **Number of Visits or Services Approved:** | |
| **Comments/Questions:** | |

*** In order to process request, all required fields with asterisks must be completed.**

**NOTICE OF CONFIDENTIALITY** – This document is intended solely for the use of the individual identity to which it is addressed and may contain information that is privileged, confidential, and exempt from disclosure under applicable law. If the reader of this notice is not the intended recipient or individual responsible for delivering the message to the intended recipient, you are hereby advised that any dissemination, distribution or copying of this information is strictly prohibited. If you have received this communication in error, please advise us immediately by telephone and destroy these papers