



601 Potrero Grande Drive, Monterey Park, CA 91755

SNF UM San Diego Telephone: 619-528-4800 press 2 for UM, Service in

English Press 1, press 3 SNF UM Direct FAX Line: (619) 219-3307

SNF ONLY SERVICE AUTHORIZATION REQUEST

URGENT

ROUTINE

RETROACTIVE

PRIMARY LANGUAGE SPOKEN: _____

I. PATIENT INFORMATION

Require Interpreter: Yes No

American Sign Language

Member Name: _____

DOB: _____ GENDER: F M

Member Address: _____ City: _____ Zip: _____ Phone: _____

Member ID#: _____ Medicare Medi-Cal Cal MediConnect

II. REFER TO INFORMATION

Date of Request: _____ Provider Name: _____ Specialty: _____

Provider Address: _____ Phone: _____ Fax: _____

Facility Name: _____ Phone: _____ Fax: _____

III. AUTISM

Autism Diagnostic Evaluation

IV. SERVICE(S) REQUESTED (Use ICD-10 Codes for Date of Request on or after 10/01/2015)

Initial Consult FU Visit(s) _____ Health Education (Specify): _____

Inpatient Admission Outpatient procedure(s) Other: _____

Diagnosis: _____ ICD-10 Code(s): _____

Service(s)/Procedure(s): _____ CPT 4 Code(s): _____

Reason for Request: _____

Prior Treatment & Results: _____

Relevant labs/X-Rays, etc.: _____

Requesting Physicians Name: _____ PCP Phone: () _____

Physician's Signature: _____ Fax No.: () _____

Accident: YES NO Where Occurred: Home Work Auto Other

UM Decision Status: APPROVED MODIFIED DEFERRED DENIAL

AUTH#: _____ Date Approved: _____ Date Auth. Expire: _____

Comments: _____

Reviewer's Name: _____ Signature: _____ Date: _____

CARE1st USE ONLY: Member Eligibility as of: _____ PCP Provider ID#: _____

IPA RESPONSIBILITY, Date faxed to IPA: _ _

THIS REFERRAL DOES NOT GUARANTEE ELIGIBILITY. CHECK ELIGIBILITY PRIOR TO RENDERING SERVICE

Payment will NOT be made for unauthorized services. All lab and x-rays must be ordered/performed by contracting providers contact Care1st Health Plan U.M. Department at above number if unsure). Specialist reports must be sent to PCP promptly.

Revised 03-09-2016