

San Benito Medical Associates

Medical Prior Authorization Request Form – MEDI-CAL Patients ONLY (There are no retro authorizations permitted)

Phone: 650-373-0500
1-800-624-7761

Fax 650-375-5820
1-800-801-1200

Date of Request: _____
 Routine (3-5 business days) Urgent (24 hours) Use only when following the standard time frame could seriously jeopardize the member's life or health or ability to attain, maintain, or regain maximum function.

Member Information

Plan Name: ANTHEM BLUE CROSS MANAGED MEDI-CAL PROGRAM
****PLEASE ATTACH COPY OF MEDICAL CARD****

Member Name: _____ D.O.B: _____ Member ID Number: _____
Address: _____ City: _____ State: _____ Zip: _____
Phone: _____
Medicare: Yes No Other Insurance: _____

Requesting Physician Information

Requesting Physician: _____ Phone _____ Fax: _____
Referring Physician Signature: _____ Date: _____
M.D. Office Contact (office person requesting auth): _____

Diagnosis: _____ ICD-9: _____
Service(s) Being Requested _____
CPT Codes: _____

All visits to specialists require prior authorization

Authorization Request

Referring to: _____ Specialty: _____
Number of Visits Requested: _____ Duration: _____ Expected Date of Service: _____
Facility/ Hospital Name: _____
 Office Inpatient Services Outpatient Services 23 Hour Short Stay

Describe symptoms, duration, tried and/or failed treatment, relevant lab, diagnostic test (if possible please fax in supporting documentation with request):

PHA USE ONLY

Approved # of Visits: _____
Authorization Number: _____ Valid From: _____ to _____ Expirations Date _____
Denied Denial Reason: _____
Other _____

Medical Director Signature

Case Manager/ Care Counselor Signature

Date

Authorization is subject to eligibility on date of service. To ensure proper payment for services rendered, please verify eligibility on date of service. If member is determined to be ineligible on date of service, he/she may be responsible for payment of these services. Please use the AVAILITY web site to verify eligibility on the date of service.