601 Potrero Grande Drive, Monterey Park, CA 91755
BHT Telephone: (888) 297-1325
BHT Direct FAX Line: (844) 283-3298

TREATMENT AUTHORIZATION REQUEST

☐ URGENT ☐ ROUTINE ☐ RETROACTIVE

I. PATIENT INFORMATION					
		PRIMARY LANGUAGE SPOKEN:			
		Require Interpreter: ☐ No ☐ Yes ☐ 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. SERVICE(S) REQUESTED					
☐ Initial Consult ☐ FU Visit(s):		☐ Home Health ☐ Social Services ☐ DME			
☐ Diagnostic Evaluation for Autism Spectrum Disorder		☐ Psychological Assessment for:			
☐ Applied Behavioral Analysis (*If checked, please submit the BSCPHP ABA Referral Form to establish medical necessity*)					
☐ Inpatient Admission ☐ Outpatient Procedure(s)		☐ Other:			
Diagnosis:		ICD 10 Code(s):			
Service(s)/Procedure(s):		CPT Code(s):			
Reason for Request:					
Prior Treatment and Results:					
Relevant Labs/X-Rays, etc:					
Health Education (Specify):					
Requesting Physician's Name (PLEASE PRINT):					
Physician's Signature:		License No.:			
Physician's Phone:		Fax:			
Accident: ☐ YES ☐ NO	Where Occurred:	☐ Home ☐ Work ☐ Auto ☐ Other:			

TO BE COMPLETED BY BSCPHP ONLY					
UM Decision Status:	☐ APPROVED ☐ MODIFIED ☐ DEFERRED ☐ DENIAL				
AUTH#:		DATE APPROVED:		EXPIRATION DATE:	
COMMENTS:					
Reviewer's Name:		Signature:		Date:	
Member Eligibility as of:		PCP Provider ID:			
☐ IPA RESPONSIBILITY ☐ MBHO RESPONSIBILITY		DATE FAXED TO IPA/MBHO:			

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 Blue Shield of California Promise Health Plan U.M. Department at above number if unsure). Specialist reports must be sent to PCP promptly.