blue california | Promise Health Plan

Blue Shield of California Promise Health Plan
601 Potrero Grande Dr., Monterey Park, CA 91755
3131 Camino Del Rio North, Ste 1300, San Diego, CA 92108

Telephone: (800) 468-9935
Ancillary Services Direct Fax: (323) 889-6574
UM Urgent Fax: (323)889-5403

HOME HEALTH TREATMENT AUTHORIZATION REQUEST

☐ ROUTINE ☐ RETROACTIVE ☐ URGENT

PATIENT INFORMATION: Language Spoken: _____

Member Name: _____ DOB: _____ Sex: F_____ M_____

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

Member ID#: _____ Effective Date: _____

SERVICE INFORMATION: Referral Requested By: _____ Referred To: _____

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

Provider Address: _____ Phone: _____ Fax: _____

Hospital Name: _____

CPT/HCPCS Description: _____ CPT 4 code(s): _____

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Dx Description: _____

ICD 10 codes(s): _____
(Use ICD-10 Codes for Date of Request on or after 10/01/2015)

If this is a re-authorization/ extension request, indicate last date authorized Auth #: _____ Exp Date: _____

LATEST MEDICAL RECORDS, PROGRESS NOTES)

MD/NP/PA justification for request: _____

Requesting Provider Name (PLEASE PRINT): _____

Provider Signature: _____ Phone: (____) _____
Fax: (___) _____

Accident: Yes ☐ No ☐ Occurred Where: ☐ Home ☐ Work ☐ Auto ☐ Other

U.M. Committee Status: Approved Modified Deferred Denial

Auth # _____ Date Approved: _____ Date Auth Exp. _____

Comments: _____

THIS REFERRAL DOES NOT GUARANTEE ELIGIBILITY. PLEASE CHECK ELIGIBILITY UPON RENDERING SERVICE. Payment will not be made for unauthorized services. All lab and x-rays must be ordered/performed by contracting providers. If unsure, contact Blue Shield of California Promise Health Plan U.M. Department at above number. Specialist findings must be sent to PCP.