



601 Potrero Grande Drive, Monterey Park, CA 91755  
Telephone: (323) 889-6638 UM Direct FAX Line: (844) 200-0121

# LONG TERM CARE AUTHORIZATION REQUEST (LA)

URGENT     ROUTINE     RETROACTIVE

<b>I. PATIENT INFORMATION</b>	<b>PRIMARY LANGUAGE SPOKEN:</b> _____ <b>Require Interpreter:</b> <input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> American Sign Language
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Member Name: _____	DOB: _____	GENDER: <input type="checkbox"/> F <input type="checkbox"/> M
Member Address: _____ City: _____ Zip: _____ Phone: _____		
Member ID#: _____ <input type="checkbox"/> Medicare <input type="checkbox"/> Medi-Cal		

<b>II.</b>	
Date of Request: _____	Requesting Physician: _____

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

<input type="checkbox"/> Home Health	<input type="checkbox"/> Infusion	<input type="checkbox"/> Transportation	<input type="checkbox"/> DME	<input type="checkbox"/> Medical Supplies
<input type="checkbox"/> Respiratory Supplies	<input type="checkbox"/> Hospice	<input type="checkbox"/> Enteral Feedings	<input type="checkbox"/> Decubitus Equipment	<input type="checkbox"/> Other

Diagnosis: _____	ICD-10 CODE(S): _____
Service(s)/Procedure(s): _____	CPT CODE(S): _____
Prior Treatment & Results: _____	
Physician's Signature <i>May attach MD ORDER</i>	FAX: (      )
	PHONE: (      )

UM Decision Status:	<input type="checkbox"/> APPROVED	<input type="checkbox"/> MODIFIED	<input type="checkbox"/> DEFERRED	<input type="checkbox"/> DENIAL
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AUTH #:	Date Approved:	Date	Auth.	Expire:

CARE 1st USE ONLY: Member Eligibility as of: _____	PCP Provider ID #: _____
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<input type="checkbox"/> IPA RESPONSIBILITY, Date faxed to IPA: _____
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**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.  
 Rev. Date: 09/14/2015