SAMARITAN HEALTH PLAN OPERATIONS • INTERCOMMUNITY HEALTH PLANS • 2300 NW WALNUT BLVD • CORVALLIS OR 97330

PRIOR AUTHORIZATION REQUEST

IMPORTANT!
Illegible/Incomplete requests will be sent back for clarification and completion. All requests for authorization must be complete and include all information necessary to make medical necessity decisions in a timely manner.

FAX FORM(S) TO: SHPO/IHP UTILIZATION MANAGEMENT
Medical: (541) 768-9766 / Behavioral health: (541) 768-9769

For Internal Use Only:

For assistance with completing this form, please call: (541) 768-5207 or 1-888-435-2396

❑ Standard ❑ **Expedited** ❑ Retro request		Date:	
Medical documentation <u>required</u> if referral is to be **EXPEDITED** MD Sign*: ______________________		**Signature indicates waiting for a decision within standard timeframe could place member's life, health, or ability to regain maximum function in serious jeopardy.*	
CHECK HEALTH PLAN (ONE ONLY):			
❑ Samaritan Advantage	❑ Samaritan Choice	❑ IHN-CCO	
PATIENT INFORMATION:			
Last Name:		First Name:	MI:
Patient's Primary Care Provider:		Date of Birth: ______ / ______ / ______	Health Plan ID #:
PRIOR AUTHORIZATION / REFERRAL:			
ICD Code:	CPT/HCPC Code (include # of units, if applicable):	Date of Scheduled Appointment: _______ / ________ / ________ ❑ To Be Scheduled ❑ Date Span ______/______/______ to ______/______/______	
Requesting Provider Name (First, Last): NPI#:		PAR Provider: ❑ Yes ❑ No	
Address:		Phone:	Fax:
Contact Person:		Phone:	Fax:
REFERRAL TYPE:			
❑ Physical Therapy ❑ OT ❑ Mental Health/Chemical Dependency No. Units ______________________		❑ Speech Therapy No. Sessions ______________	
❑ Office Consult / Visits ❑ Outpatient ❑ Inpatient No. Visits: ______________________		❑ Other: ______________________	
Hospital / Facility / Specialist Name: NPI #:		Phone:	Fax:
Hospital / Facility / Specialist Address:			
REASON FOR REQUEST / COMMENTS / ADDITIONAL DETAILS (E.G. "DAY TREATMENT," DATE SPAN/FREQUENCY):			

REMINDER: Form must be complete and must include supporting documentation.