

Precertification request

HMSO prior authorization: 206-878-1985 opt 4 Fax: 206-834-6000

To prevent delay in processing your request, please fill out form in its entirety with all applicable information.

Today's date:

Member Information

First name:	Last name:	DOB:	
Member Plan: Amerigroup	UHC Apple Health	UHC Medicare HMO	Member ID:
Member Contact Phone:			

Referring Provider Information

Full name:		
NPI:	Tax ID number (TIN):	
Office contact name:	Office phone:	Office fax:
Address:	City, State ZIP code:	
Specialty:		

Servicing Provider Information

Full name:		
NPI:	TIN:	
Office contact name:	Office phone:	Office fax:
Address:	City, State ZIP code:	
Specialty:		

Facility Information

Name:		
NPI:	TIN:	
Facility contact name:	Facility phone:	Facility fax:
Address:	City, State ZIP code:	

Requested Service

Date/date range of service:

ICD-10 code(s):

CPT code(s) (include requested units):

Place of service: Inpatient Hospital Outpatient Hospital Ambulatory surgery center Office Home Nursing Facility Other (Please Specify):

Please submit all appropriate clinical information, provider contact information and any other required documents with this form to support your request.

Priority Status: Standard (1-5 days*) Appointment Scheduled (Standard with triage) Urgent/Emergent (Potential for loss of life or limb. 24hrs)

*HMSO follows turnaround times of a maximum of 5 days for Medicaid programs and 14 days for Medicare programs

Disclaimer: Authorization is based on verification of member eligibility and benefit coverage at the time of service and is subject to HMSO's Authorization Guidelines and claims payment policy and procedures.