



**REVIEW REQUEST FOR  
Medicare Advantage General Precertification Request**

**Complete this form and fax to 1-866-959-1537**

STANDARD Request                       EXPEDITED Request

Member Name:		Date of Birth:	
Insurance Identification Number:		Member Phone Number:	
Ordering Provider Name & Specialty:		Provider ID Number:	
Office Address:			
Office Phone Number:		Office Fax Number:	
Rendering Provider Name & Specialty:		Provider ID Number:	
Office Address:			
Office Phone Number:		Office Fax Number:	
Facility Name:		Facility ID Number:	
Facility Address:			
Date/Date Range of Service:		Place of Service: <input type="checkbox"/> Outpatient <input type="checkbox"/> Inpatient	
Service(s) Requested (CPT if known):		<input type="checkbox"/> Observation <input type="checkbox"/> Other: _____	
Diagnosis (ICD-9 if known):			

**PLEASE PROVIDE DESCRIPTION OF SERVICE (CPT/HCPCS codes) BEING REQUESTED:**

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**PLEASE PROVIDE DESCRIPTION OF MEMBER CONDITION (ICD-9 codes) RELATED TO REQUEST:**

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**PLEASE SUBMIT APPROPRIATE SUPPORTING CLINICAL INFORMATION WITH THIS FORM.**

This request is being submitted:

Pre-Claim  
 Post-Claim. If checked, please attach the claim or indicate the claim number \_\_\_\_\_

I attest the information provided is true and accurate to the best of my knowledge. I understand that the health plan or its designee may perform a routine audit and request the medical documentation to verify the accuracy of the information reported on this form.

\_\_\_\_\_  
Name and Title of Provider or Provider Representative Completing Form and Attestation (Please Print)\*      Date

**\*The attestation fields must be completed by a provider or provider representative in order for the tool to be accepted**

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*Submit all required clinical information at least three business days before the requested procedure to allow a thorough clinical analysis. A pre-certification number will be provided to you once all clinical information has been received and reviewed. For Institutional Admissions, all facilities must notify us within 24 hours or the next business day (whichever is earlier) after admission. In an urgent or emergent situation, the above time frames will be waived. Please provide notice to plan as soon as possible.*

Hours of operation: 8am – 8pm EST , Monday – Friday  
**Phone number: 1-866-797-9884 option 1**