

Completion of this form does not guarantee payment of claims. Incomplete forms will not be processed

SECTION 1

TODAY'S DATE: ___ / ___ / ___ ADMIT/PROCEDURE DATE: ___ / ___ / ___ # VISITS/DAYS REQUESTED _____
PERSON COMPLETING FORM: _____ PHONE # _____ FAX # _____

SECTION 2 – MEMBER/PATIENT INFORMATION

NAME: _____ DOB: _____
ID# _____

SECTION 3 – REQUESTING PROVIDER

NAME: _____ PROVIDER#: _____

SECTION 4 – PLACE OF SERVICE

NAME: _____ PROVIDER#: _____
DIAGNOSIS: _____ ICD - CODES: _____
PROCEDURE _____ CPT CODES: _____

SECTION 5 – SERVICES REQUESTED

Inpatient Services	Outpatient Services *see list on back of form	Home Health Services
<input type="checkbox"/> Inpatient Hospitalization	<input type="checkbox"/> Diag X-ray * _____	<input type="checkbox"/> PT
<input type="checkbox"/> Rehab	<input type="checkbox"/> Diag Proc * _____	<input type="checkbox"/> OT
<input type="checkbox"/> SNF	<input type="checkbox"/> Cardiac Cath	<input type="checkbox"/> ST
	<input type="checkbox"/> OP Surgery	<input type="checkbox"/> Skilled Nursing
	<input type="checkbox"/> ASC	<input type="checkbox"/> IV Therapy
	<input type="checkbox"/> Pain Clinic	
	<input type="checkbox"/> Sleep Lab	Home Medical Equipment
	<input type="checkbox"/> Cardiac Rehab	(over \$250.00)
	<input type="checkbox"/> Pulmonary rehab	<input type="checkbox"/> HCPCS Code _____
	<input type="checkbox"/> Other _____	<input type="checkbox"/> Item Name _____
		<input type="checkbox"/> Prosthetics _____
		<input type="checkbox"/> Orthotics _____

SECTION 6 – CLINICAL INFORMATION

SECTION 7 - INSTRUCTIONS

1. Fax to 1-866-896-1941. Faxed _____
2. For questions or additional information, please call 1-800-574-8556 (Option 1, then 2, then 1).

For FCCI Use Only Precertification # _____

Precertification List – FirstCarolinaCare Insurance Company, Inc.

Call 800-574-8556 (Option 1, then 2, then 1) for precertification or fax your request to 866-896-1941.

Inpatient admissions (except maternity and emergency admissions)
Skilled nursing facility admissions
Inpatient rehabilitation admissions
Outpatient surgery
Surgery of the jaw, face or head
Reconstructive surgery
Gastric surgery
Anesthesia and facility services related to dental services
Covered clinical trials
Injectable drugs received in an outpatient setting
Physical therapy
Occupational therapy
Speech therapy
Chiropractic care
Cardiac rehabilitation (outpatient)
Pain clinic
Cardiac catheterization
MRI/MRA
CT scans
Colonoscopy
Upper endoscopies
Endoscopic retrograde cholangiopancreatography (ERCP)
PET scans
Spect scans
Muga scans
Myelogram
Sleep studies
Allergy testing
Invasive radiologic services
Durable medical equipment with purchase price \$250.00 or greater
Durable medical equipment rentals
Orthotics and prosthetics with purchase price greater than \$250.00
Home health services
Behavioral Health services all places of service (includes mental/nervous disorders and chemical dependency).

Note: This list may be amended from time to time.