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UNIVERSITY HEALTH SERVICES Tang Center
People. Campus. Community

STUDENT HEALTH INSURANCE REFERRAL AUTHORIZATION REQUEST FORM

Fax WITH MEDICAL NOTES to 510-642-9119

REFERRAL AUTHORIZATION WILL *NOT* BE PROCESSED WITHOUT MEDICAL NOTES SUPPORTING REQUEST

☐ Routine Request = within 5 working days we will fax back a determination to the fax provided on this form.
☐ Expedited/STAT Request = Date of Service >48 hours would seriously jeopardize the life of the member. Physician must document reason why the standard review time frame could seriously jeopardize the life or health of the member:_____

TODAY'S DATE:

Section A. STUDENT INFORMATION

Student Name:	Date of Birth:	Aetna Student Health ID Number: W
	SHIP Patient #: (if known)	Aetna Student Health Group Number: 474941

Section B. REQUESTING PROVIDER

Provider Name:	Provider Specialty:	Provider Phone:	Provider Fax:
Provider Address:	Provider City:	Provider Zip:	Contracted with Aetna? (Please circle one) YES NO

Section C. REFERRED TO PROVIDER (Leave blank if the same as requesting provider)

Referred to Provider Name: ☐ Inpatient ☐ Outpatient	Provider Specialty:	Referred to Phone:	Referred to Fax:
Referred to Provider Address:	Referred to Provider City:	Referred to Zip:	Contracted with Aetna? (Please circle one) YES NO

Section D. REFERRED TO FACILITY (if applicable or required if a surgical procedure)

Referred to Facility Name: ☐ Inpatient ☐ Outpatient	Date of admission/procedure:	Referred to Phone:	Referred to Fax:
Referred to Facility Address:	Referred to Facility City:	Referred to Zip:	Contracted with Aetna? (Please circle one) YES NO

Section E. SERVICES REQUESTED

Primary diagnosis related to the service(s) requested (please only indicate one diagnosis):	Corresponding Diagnosis Code (ICD-9):
Service(s) being requested (Please use CPT codes and descriptions):	Number of visit(s) or length of stay:

Are services being requested RETROACTIVELY? (Please circle one) YES NO	If services are being requested RETROACTIVELY please indicate the dates of service(s) that are being requested, if no dates are indicated it will be assumed your request is for future date(s) of service.