

**TREATMENT AUTHORIZATION FORM**

PLAN TYPE:  Commercial  
 Secure Horizons

ROUTINE       URGENT\* (Commercial only)       EXPEDITED\* (Secure Horizons only)

For Routine/Standard Requests submit via fax to Prior Auth Fax #: Routine (866) 718-6105 Urgent (866) 718-6107

For \*Expedited Initial Determination Request call (800) 762-8456, Option 1

\*Physician determines that standard request could seriously jeopardize the life or health of the enrollee or the enrollee's ability to regain maximum function.

THIS PORTION TO BE COMPLETED BY ORDERING PROVIDER										
Patient Name:					Address:					
City:			State:		Zip:		Home #:			
Sex: <input type="checkbox"/> M <input type="checkbox"/> F		DOB:		Age:		Member ID:				
Other Insurance:										
Ordering Provider:				PCP: <input type="checkbox"/> Specialist: <input type="checkbox"/>		Refer to:			Specialty:	
Address:					Address:					
City:			State:		Zip:		City:		State:	Zip:
Office #:		Office Fax #:			Office #:			Office Fax #:		
Contact:					Contact:					
Place of Service/Facility:										
Type of Service: <input type="checkbox"/> Inpatient <input type="checkbox"/> Outpatient <input type="checkbox"/> Home Health <input type="checkbox"/> DME <input type="checkbox"/> Non-Contracted/OON Referral										

**CLINICAL HISTORY & PHYSICAL FINDINGS**


**DIAGNOSIS**

**ICD-9 CM CODES**

1.	
2.	

**EVALUATION & TREATMENT PLAN**

**CPT - 4 CODE:**

1.	Code:	
2.	Code:	
Date of Service: From:	To:	# Visits/Units Requested:

\_\_\_\_\_  
*Ordering Provider Signature*

\_\_\_\_\_  
*Date*

**NOTE:** Please check member eligibility prior to providing service. Authorization does not guarantee payment. Benefits and Coverage based on eligibility at the time of service. The member has the right to appeal denial of services through PacifiCare/Secure Horizons



If you are interested in using our real-time authorization & referral system called iExchange Web to process your requests faster & easier, please contact us for more information by calling 1-800-693-8322.

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