



Precertification/Referral Request Form

Form available at corporatecaregmt.com

Please complete form and Fax to CCM at 607.648.3444

Please contact the Claims Administrator for questions regarding benefits and eligibility

Request for: Precertification Referral **Date of Request:** _____

Person Requesting: _____
Name/Phone + extension/Office

Patient Name: _____ Date of Birth: _____

Subscriber ID: _____ Employer Name: _____

Diagnosis-ICD10 Code(s)/descriptions:

Any other Insurance, Medicare, or Medicaid?
 Yes _____
 No _____

Is Diagnosis related to work injury/auto accident/other injury?
 Yes _____
 No _____

Ordering Provider: _____
Provider Name Tax ID NPI

Address: _____

Contact Phone and Extension: () _____ - _____ Extension _____ Fax: _____

Service Requested: _____

CPT/HCPCS/NDC Code(s), Modifiers and Units/strength, dosage, frequency, duration: _____

Place of Service: _____
Provider Name/Address Tax ID NPI

Date of Service: _____

Explanation of Medical Necessity: (Check those that are applicable)

- Attached office notes/clinical notes
- Attached Consult notes
- Attached pertinent labs or radiology reports
- Attached copy of Prescription/order
- Clinical literature supporting the request
- Other (Explanation or Attachments)

NOTE: Completion of Precertification/Referral is not a guarantee of coverage. Reimbursement is conditional upon eligibility on date services are rendered and subject to all Plan limitations, including retrospective review. Treatment decisions are independent from payment decision and are the responsibility of the member and treating physician. All plans exclude experimental services and Devices, including implants, must be FDA approved for the specific use to be eligible for coverage.

HIPAA NOTICE: Information contained in this correspondence are private and may contain HIPAA Protected Health Information ("PHI"). 45 CFR 164.502(a)(1)(iii) permits the use and disclosure of protected health information (PHI) without consent to carry out treatment, payment or healthcare operations, except with respect to psychotherapy notes. If you are not the intended recipient, please notify the sender immediately via telephone at (607) 648-3400 or by return fax at (607) 648-3444 and destroy this message.