CLEAR HEALTH ALLIANCE
Offered by simply healthcare

simply healthcare

better health

Request for Services Requiring Prior Authorization
Fax 1-800-283-2117
Telephone number 1-877-915-0551 Option 2

****MEDICARE ONLY****
Please Fax ALL Requests for
DME/HH/INFUSION
Services Directly to
844-215-4265

Member Name: _____

Plan Name **(Circle One)** : Simply** Better Clear Health

Health Plan ID #: _____

Member DOB: ____/____/____ Phone: (___)_____-_____

PCP Name: _____

PCP ID #: _____ Phone: (___)_____-_____

Referring Physician Name: _____

Contact Person:_____

Referring Physician Telephone: (____)_____

Referring Physician Fax Number: (____)_____

Referred to: _____

Specialty :___ _____

Referred to : Provider ID #: _____

Referred to Fax #: _(_____)_____

Diagnosis (ICD-): _____, _____, _____, _____

CPT Codes: _____, _____, _____, _____

Reason for Referral: _____

_____

_____

Request Type: □ Standard □ Expedited/Urgent* By checking this box I certify that applying the standard review time frame may seriously jeopardize the member's life, health, or ability to regain maximum function. You may call our Pre-Certification department and advise the request is Expedited/Urgent at 1-877-915-0551, option 2

IMPORTANT NOTE: *An Expedited/Urgent request for a determination is a request in which waiting for a decision under the Standard time frame* ***could place the member's life, health, or ability to regain maximum function in serious jeopardy***.

Is this request related to an accident? □ YES □ NO **Does this member have other insurance coverage?** □ YES □ NO

□ MVA □ LONG TERM CARE MANAGED CARE □ Worker's Compensation □ Medicaid □ Other INSURANCE (specify):_____

The following services require PRE-AUTHORIZATION--Please submit supporting clinical documentation to determine medical necessity, TO INCLUDE RECENT OFFICE VISITS, DIAGNOSIS CODES AND ANY PERTINENT RECENT X-RAY OR LAB REPORTS.

Inpatient Services:

□ Hospital Admissions

□ Birthing Centers

□ Observation

Outpatient Surgical Services:

□ Hospital

□ Ambulatory Surgical Center

Outpatient Services Performed at a Hospital:

□ Colonoscopy

□ Endoscopy

□ Wound Care

□ Hyperbaric Oxygen Treatment

□ All Therapy and Rehabilitative Services

□ Any other Hospital Services

Outpatient Services:

□ PET Scan □ MRA

□ MRI □ Physical Therapy

□ Sleep Study □ Wound Care

□ Total OB Care

□ SPEECH, OCCUPATIONAL OR RESPIRATORY Therapies (ST/OT/RT):

□ Chemotherapy

□ Radiation Therapy

□ **Medicaid** Durable Medical Equipment (DME), Home Health, AND Infusion Services

****Medicare ONLY****
****Please fax ALL requests for Durable Medical Equipment**
(DME), HOME HEALTH (HH), AND INFUSION SERVICES
DIRECTLY TO 844-215-4265

*****PRIOR AUTHORIZATION IS NOT A GUARANTEE OF PAYMENT*****