

TEC Delegation Plans Prior Authorization Request Form

DO NOT USE THIS FORM TO REQUEST: Skilled Nursing Facility Admission or Long Term Acute Hospital Admission. Please Call 425-317-3494 and ask for the UM RN.

TEC Care Coordination Contact Information: Phone: 425 317 3977 Fax: 425 259 1181

Requesting Provider / Facility Contact Information:

Date: _____ **Contact Person:** _____

Phone number: _____ **Fax Number:** _____

In order to process your referral, we will need the following:

Patients Name: _____ **DOB:** _____

Insurance ID number: _____

Name of Servicing provider NPI or TID: _____

NPI or TID of Servicing Provider or Facility : _____

CPT Codes along with Quantity of each code: _____

ICD10 Codes: _____

Dates of service: _____

*If you are requesting Surgery you need to indicate **Inpatient** _____ **Outpatient** _____

If inpatient the number of days you are requesting: _____

FOR ALL DURABLE MEDICAL EQUIPMENT

Please supply the individual price per item, and the total price per faxed request:

* If the request is for Surgical Procedure/advanced imaging/DME/home health, etc., please submit all relevant clinical data such as progress notes, treatment rendered, tests, lab results, and radiology reports to support the request for services. This will help us process your request without delay.

*Can clinical data be found at Care Everywhere? **Yes** _____ **No** _____

If yes, it is **not** necessary to fax clinical data, we have access to Care Everywhere.

Confidentiality Notice: The documents in this correspondence may contain confidential health information that is privileged and subject to state and federal privacy laws, including the Health Insurance Portability and Accountability Act (HIPAA). This information is intended for the sole use of the addressee named above. If you are not the intended recipient, you are hereby notified that reading, disseminating, disclosing, distributing, copying, acting upon, or otherwise using the information contained in this correspondence is strictly prohibited.