HealthPlan OF SAN MATEO

701 Gateway Blvd., Suite 400, South San Francisco, CA 94080
TEL: 650-616-0050 • FAX: 650-829-2079 • TTY: 1-800-735-2929

HK Healthy Kids

TAR–Inpatient (18-1)

Admit Number (Original Authorization Number) | Admit Date (MM/DD/YY) | Auth. Exp (MM/DD/YY) | Emer Admit ☐ | Verbal Control

Patient ID No. | Sex | Date of Birth (MM/DD/YY) | Age

NPI Number(s)

Patient Name

Provider Phone No. | Provider Fax No.

Number of Days Requested | Type of days | Retroactive | Discharge Date (MM/DD/YY) | Admitting ICD9-CM

Provider Name

Admitting Diagnosis Description

Provider Street / Mailing Address | City | State | Zipe Code

Patient Account Number | Patient Medical Record Number | Type of Service

FOR PHYSICIAN—PLEASE PROVIDE SUFFICIENT ESSENTIAL DETAIL TO PERMIT A REASONABLE EVALUATION OF THE LENGTH AND LEVEL OF CARE REQUESTED.

Current Diagnosis | Current ICD9–CM Code

Patient's Authorized Representative (If Any) Enter Name And Address

Describe current condition requiring extension. Include pertinent lab and x-ray reports with dates. (Attach clinical notes)

List the procedures that will require an extension of this hospital stay. Include dates when possible.

HOSPITAL: To the best of my knowledge the above information is true, accurate and complete and the requested services are medically indicated necessary to the health of the patient.

Signature of Provider | Date (MM/DD/YY)

Type Or Print Name Of Responsible Physician

Signature of Responsible Physician

Signature of Provider | Date (MM/DD/YY)

Validating Information And Explanation

Chart Reviews | Review Comments Indicator

FOR HPSM USE ONLY

☐ Denied ☐ Approved As Requested

From (MM/DD/YY) / /

☐ Deferred ☐ Approved As Modified

Thru (MM/DD/YY) / /

Days | Acute

Dates of Days Denied (MM/DD)

Days of the Hospitalization are Denied (See Comments)

Reviewed By | ID No. | Date (MM/DD/YY) / / | TAR Control Number

FOR QUESTIONS ON THIS REQUEST, PLEASE CALL HPSM HEALTH SERVICES AT 650-616-2070. **NOTE:** AUTHORIZATION DOES NOT GUARANTEE PAYMENT. PAYMENT IS SUBJECT TO PATIENT'S ELIGIBILITY. BE SURE THE ID CARD IS CURRENT BEFORE RENDERING SERVICE.

TAR (18-1)_HK_JUNE 2011