CLEAR FORM

HealthPlan OF SAN MATEO

Prior Authorization Request Form

Please type into PDF form and fill out all fields.
Fax completed form to 650-829-2079.

REQUEST

☐ **URGENT**
☐ **ROUTINE**

Mark ✓or X

LINE OF BUSINESS

☐ **CAREADVANTAGE**
☐ **MEDI-CAL**
☐ **ACE**
☐ **HEALTHWORX**

Today's Date: _____ MM-DD-YYYY

Is this a Pharmacy request? ☐ **YES** ☐ **NO** **IF YES, FAX Form to 650-829-2045**

Is member currently in the hospital? ☐ **YES** ☐ **NO** **IF YES, FAX Facesheet to 650-829-2060**

➢ **Member Last Name:** _____ First Name, M.I.: _____

Street Address: _____ City, State, ZIP: _____

Phone: _____ Member ID#: _____ DOB: _____ Age: _____

➢ **Servicing Provider Name:** _____ NPI: _____

Street Address: _____ City, State, ZIP: _____

Phone: _____ Fax: _____ Office Contact: _____

➢ **Additional Provider (if needed):** _____ NPI: _____

Primary Diagnosis Code: _____ **Description:** _____

Secondary Diagnosis Code: _____ **Description:** _____

Tertiary Diagnosis Code: _____ **Description:** _____

Line No.	Procedure Code (CPT/HCPCS Code/Modifier if applicable)	Specific Services Requested	Units of Service (Days/Quantity)
1			
2			
3			
4			
5			
6			
7			
8			
9			
10			

Optional comments for medical justification. Requesting Provider please attach required medical records/supporting documents.

Long Term Care (LTC) Required Information (*Mark ✓or X*):

☐ Transfer ☐ Initial ☐ Reauthorization ☐ Bed Hold ☐ Skilled Nursing ☐ ICF-DD ☐ Sub-Acute

Requested Service Dates FROM: MM-DD-YYYY **TO:** MM-DD-YYYY

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

Signature of Physician or Provider **Title** **Date** MM-DD-YYYY

801 Gateway Blvd., Suite 100, South San Francisco, CA 94080 · TEL: **650-616-0050** · TTY: **1-800-735-2929**
For authorization questions contact HPSM Health Services Ph **650-616-2070** · Fax **650-829-2079** · For Facesheets fax to 650-829-2060

PRINT FORM

NOTE: AUTHORIZATION DOES NOT GUARANTEE PAYMENT. PAYMENT IS SUBJECT TO PATIENT'S ELIGIBILITY. BE SURE THE ID CARD IS CURRENT BEFORE RENDERING SERVICE.

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