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7/8/2020

REMINDER: How to Correctly Complete A Prior Authorization Form

Dear Provider,

To help us process prior authorization requests more efficiently, please ensure you are completing your prior authorization forms correctly and accurately.

Only check off items in the Long Term Care (LTC) authorization requests box if the request is for authorization of a long-term care stay. If this is NOT an LTC REQUEST, do not select any of the checkboxes in this area.

Long Term Care (LTC) Transfer	Initial	Reauthorization	Bed Hold	Skilled Nursing	ICF-DD	Sub-Acut
Requested Service Da	tes FROM:		MM-DD-YYYY	то:		MM-DD-YYYY
REQUEST						
	2		te "Urgent" if			
	<	scheduled ca	te "Urgent" if are requests for SM re-process	or routine or	non-urger	nt service

Please email Julian Aldana, Provider Communications Specialist, with any questions at **julian.aldana@hpsm.org**.

Thank you,

Health Plan of San Mateo