



SPECIALIST Service Request

Fax this request to 1-866-646-1772. This form must be filled out in its entirety. Supporting clinical documentation is required for surgical & diagnostic procedures

PLEASE SUBMIT ONE FORM PER REQUESTED DATE OF SERVICE

NON-URGENT ≤14 days

URGENT ≤72 hours Must meet the following CMS definition: The provider or member believes the member's health, life or ability to regain maximum function is in serious jeopardy if not seen within 72 hours (requires clinical documentation)

Member ID Number		Health Plan			
Member Last Name		Member First Name		Member Telephone Number	
Member Date of Birth (mm/dd/yyyy)		Sex <input type="checkbox"/> Male <input type="checkbox"/> Female		Request Date (mm/dd/yyyy)	
Referring Provider Last Name		Referring Provider First Name		Referring Provider NPI	
Referring Provider Phone Number		Fax Number (Required for Fax Notifications)		Referring Provider TIN	
Referral Category (Service Requested) <input type="checkbox"/> Surgical <input type="checkbox"/> Diagnostic <input type="checkbox"/> Other		Service Requested Description		Diagnosis Description	
Place of Service <input type="checkbox"/> Office <input type="checkbox"/> Outpatient Facility <input type="checkbox"/> Inpatient Hospital <input type="checkbox"/> Other: _____				Date of Service (mm/dd/yyyy) (one per form)	
ICD Code 1	ICD Code 2	ICD Code 3		ICD Code 4	
CPT Code 1		CPT Code 2		CPT Code 3	
CPT Code 4		CPT Code 5		CPT Code 6	
Comment					
Practice Name		Service/Rendering Last Name		Service/Rendering First Name	
Office Address				Suite	
City		State	Zip	NPI	
Telephone		Fax (Required for Fax Notifications)		TIN	
Specialty			Contact Person		

*Facility/Hospital Name *Note: Facility Authorization Number (Outpatient or Inpatient) has to be obtained from Health Plan directly by Specialist.

Provider Signature

Date

This Service Request form is not verification of eligibility and is no guarantee of payment. Verify member's eligibility through member's health plan before rendering service(s). **ALL SPECIALTY PROVIDERS** must request authorization for: Any professional component for procedure(s) done in an outpatient facility, or inpatient facility. For any other questions, please call 1-800-595-9631, Option 1.

Save time, use our Provider Web Portal. Visit www.healthnetworkone.com/pwp to request an account or to login.