
 <p>Seton Health Plan CHIP A member of the Seton Healthcare Family</p>		Seton Health Plan CHIP/STAR Phone Number (512) 420-2777 or 1-877-451-5628 FAX Number (512) 420-2798 or toll free (866) 272-2542 Referral Type: <input type="checkbox"/> ROUTINE <input type="checkbox"/> URGENT (Service in next 72hrs)			 <p>Seton Health Plan STAR A member of the Seton Healthcare Family</p>	
* Plan Name : <input type="checkbox"/> Seton CHIP <input type="checkbox"/> Seton STAR						
*Request Date:		*Submitted by (Name):		*Phone # and Ext:		
*Return Fax #: (include area code if outside Austin):						
*Patient Name:						
*DOB:		*Patient's ID Number:				
*Requesting Provider or Clinic name:						
*Requested Specialist or Service:				*Req. # of visits:		
*Diagnosis & ICD-9 Codes:						
*Description of Procedure CPT or HCPCS Codes:					<input type="checkbox"/> IP <input type="checkbox"/> OP <input type="checkbox"/> OBS	
LMP:		EDC:				
* FACILITY NAME (for Inpatient or Outpatient Services):					*Proposed Date of Service:	
*Reason for referral (please attach pertinent clinical/progress notes or provide clinical narrative, including duration of problem, types of treatment, pertinent physical findings, pertinent testing results):						
Pre-admission diagnostic work-ups, including lab, imaging and/or supporting specialty consultations:						
Coordination of Benefits (Other Insurance)						
*Workman's Compensation:	<input type="checkbox"/> YES	<input type="checkbox"/> NO	*MVA Subrogation :	<input type="checkbox"/> YES	<input type="checkbox"/> NO	Date of Injury:
*Other Insurance Coverage	<input type="checkbox"/> YES	<input type="checkbox"/> NO	Name of Insurance:			Subscriber Name and ID #
TO BE COMPLETED BY SETON HEALTH PLAN MEDICAL MANAGEMENT SERVICES						
Authorization Number:				Authorization Dates:		
Number of Visits:				Services Approved:		
Comments/Questions:						
* In order to process request all required fields must be completed						
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