



Seton Health Plan

A member of the Seton Family of Hospitals

Pre-Certification Form
Medical Management Dept.
Phone #: (512) 324-3135
Fax #: (512) 324-1936
SHP-Authorization@seton.org

Referral Type:
 Routine
 Urgent (Process in 24 hours)

* Plan Name <input type="checkbox"/> Seton Promise <input type="checkbox"/> Seton EPN <input type="checkbox"/> Seton EPN Expanded		<input type="checkbox"/> Seton Care Plus <input type="checkbox"/> Charity <input type="checkbox"/> Other: _____		<input type="checkbox"/> MAP <input type="checkbox"/> City/County Community Clinic (CCHC/COTHER)	
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*Request Date:		*Submitted by:		*Phone #:		*Fax:	
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*Patient Name:							
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*DOB:		*Patient's ID Number:					
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Patient's Address:		City:		State:		Zip:	
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*PCP or Requesting Provider:		Req. Provider Federal Tax ID#:					
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*Requested Specialist or Service:						*Req. # of visits:	
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*Description of Procedure & CPT or HCPCS(s) Codes:							
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*Diagnosis & ICD-9 Codes:							
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*Name of Facility for Surgical or Imaging Requests:				*Proposed Date of Service:			
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*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:							

*Pertinent Medical Records faxed:	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> NA				
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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:	
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*Other Insurance Coverage	<input type="checkbox"/> YES	<input type="checkbox"/> NO	Name of Insurance:		Subscriber Name and ID #	
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TO BE COMPLETED BY SETON HEALTH PLAN MEDICAL MANAGEMENT SERVICES

Authorization Number:		Authorization Dates:	
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Number of Visits:		Services Approved:	
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Comments/Questions:							

*** In order to process request all required fields must be completed**

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