



REQUEST FOR AUTHORIZATION

6425 Christie Ave Ste 110
 Emeryville CA 94608
 TEL: 510-428-3489
 FAX: 510-450-5868

Authorization Number _____

URGENT (Medically Necessary within 72 hours)

ALL SECTIONS MUST BE COMPLETED TO ALLOW PROCESSING

(PLEASE REFER TO THE PROVIDER MANUAL FOR ADDITIONAL INSTRUCTIONS)

Patient Name Last		First	MI	Birthdate (mmddyyyy)	
New Address				Telephone	
ID Number		<input type="checkbox"/> Work Related <input type="checkbox"/> Other Insurance <input type="checkbox"/> Auto Accident Describe			
FROM			REFERRAL TO		
Primary Care Physician / Specialist			Specialist / Facility		
Address			Address		
City / State / Zip			City / State / Zip		
Telephone	Fax	Telephone	Fax		
Contact Person			Contact Person		
Diagnosis		Date Onset/Injury (mmddyyyy)	ICD-10:		
Relevant Clinical Information (may attach pertinent chart notes)					
Treatment to Date					
Reason for Request					
Procedure or Treatment Requested				CPT	
Request(s)		Please specify in section above		Status of Request	
<input type="checkbox"/> Evaluation only <input type="checkbox"/> Treatment Procedure <input type="checkbox"/> Home Health Services		<input type="checkbox"/> Diagnostic Test <input type="checkbox"/> DME <input type="checkbox"/> Physical Therapy <input type="checkbox"/> Other		<input type="checkbox"/> This is an initial request <input type="checkbox"/> This is an extension <input type="checkbox"/> This is a retroactive request DOS:	
Requested Number _____		<input type="checkbox"/> Visit(s) over Number _____ <input type="checkbox"/> Week(s) <input type="checkbox"/> Treatment(s) <input type="checkbox"/> Month(s)		<input type="checkbox"/> CONFIDENTIAL – DO NOT SEND TO MEMBER	
PHYSICIAN SIGNATURE X				DATE	
CFMG RESPONSE					
APPROVED REQUESTS			ELIGIBILITY		
Referral approved for: _____			Health Plan: _____		
Comments: _____			ID #: _____		
			Eff Date: _____ Term Date: _____		
MEDICAL DIRECTOR SIGNATURE X				DATE	

Payment is subject to verification of eligibility at the time of service. This authorization is valid for 90 days from the date of approval unless otherwise instructed.