



Federal Employee Program

UTILIZATION MANAGEMENT

1351 WILLIAM HOWARD TAFT ROAD

CINCINNATI, OH 45206

Tel 800-860-2156

Precert/Prior Approval Fax 800-732-8318

Advance Benefit Determination Fax 877-606-3807

Medical Facsimile Service Request

Please fill out all information that applies to your service request and fax with clinical information

<u>Service Request Type:</u>		Precert/Prior Approval	Advance Benefit Determination
<u>Member Name:</u>		<u>Date of Birth:</u>	
<u>Insurance ID #/HCID:</u>		<u>Date of Service:</u>	
<u>Requested Provider Name:</u>		<u>Requested Provider NPI or Tax ID #:</u>	
<u>Ordering Provider Name:</u>		<u>Ordering Provider NPI or Tax ID #:</u>	
<u>Service Requested (CPT/HCPC Codes):</u>			
<u>Diagnosis (ICD-9) Codes:</u>		<u>Place of Service: (Home, Hosp, Amb Surg Off, Office)</u>	
<u>Servicing Provider Name:</u>		<u>Servicing Provider Phone #:</u>	
<u>Servicing Provider NPI or Tax ID #:</u>		<u>Servicing Provider Address:</u>	
<u>Servicing Facility Name:</u>		<u>Servicing Facility Phone #:</u>	
<u>Servicing Facility NPI or Tax ID #:</u>		<u>Servicing Facility Address:</u>	
<u>Contact Name:</u>		<u>Contact Phone/Fax #:</u>	
<u>Comments:</u>			

Total Pages _____

If Protected Health Information (PHI) in this document does not pertain to you, then you are required to return it to the sender or destroy it immediately, and you must not use or re-disclose it. Providers, business associates and other covered entities that receive PHI in error are required to return it to the sender or destroy it immediately, or safeguard it as long as it is retained, and must not use or re-disclose it.