

TEC Delegation Plans Outpatient Services Referral/ Prior Authorization Request Form

Fax request to PCP office

PCP office: Please create a referral based on below info and fax supporting documentations to 1181 after referral is created.

Date:

Contact Person:

Phone number:

Fax Number:

In order to process your referral, we will need the following:

Patients Name:

DOB:

Insurance ID number:

Servicing provider NPI or TID:

Servicing Facility NPI or TID:

CPT Codes along with Quantity of each code:

ICD10 Codes:

Dates of service:

*Can clinical data be found at Care Everywhere? **Yes**

No

If yes, it is **not** necessary to fax clinical data, we have access to Care Everywhere.

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