The Everett Clinic
For the whole you.

TEC Care Coordination Contact Information:
Phone: 425-317-3494 Fax: 425-259-1181

TEC Delegation Plans Prior Authorization Request Form

For use with the following insurances ONLY:

- **United Health Care Medicare Advantage HMO TEC PCP Insurance ID #_____**
- **Premera Medicare Advantage HMO TEC PCP Insurance ID #_____**
- **Humana Medicare Advantage HMO TEC PCP Insurance ID #_____**

DO NOT USE THIS FORM TO REQUEST: Skilled Nursing Facility Admission/ INPT Rehab Admission/ Long Term Acute Hospital Admission. Please Call 425-317-3494 and ask for the UM RN.

CLINICAL DOCUMENTATION MUST BE INCLUDED WITH REQUEST

Date:_____ Contact Person:_____ Clinic/Business Name:_____

Phone Number:_____ Fax Number:_____

To process your prior authorization, we will need the following:

Patients Name:_____ DOB:_____

Requesting Provider:_____

Tax ID:_____NPI: _____

Address:_____

Servicing Facility:_____

Tax ID:_____ NPI:_____

Address:_____

CPT/HCPC Codes & Quantity:_____

Durable Medical Equipment Price:_____
For Durable Medical Equipment, please include individual price per item and total price for request

ICD10 Codes:_____

Dates of Service:_____

Level of Service*(circle one):* Inpatient or Outpatient **Number of Inpatient Days:_____**

Can clinical data be found at Care Everywhere? **Yes No**

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

****Request is invalid if any of the above information is missing****