

**TEC Delegation Plans Prior Authorization Request Form**

For use with the following insurances ONLY:

- United Health Care Medicare Advantage HMO TEC PCP
- Premera Medicare Advantage HMO TEC PCP
- Humana Medicare Advantage HMO TEC PCP

*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: \_\_\_\_\_ Insurance ID Number: \_\_\_\_\_

Requesting Provider: \_\_\_\_\_ Tax ID: \_\_\_\_\_

Address: \_\_\_\_\_

Servicing Facility: \_\_\_\_\_

Tax ID: \_\_\_\_\_ NPI: \_\_\_\_\_

Address: \_\_\_\_\_

CPT/HCPC Codes & Quantity: \_\_\_\_\_

*For DME, 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.

**Confidentiality Notice:** The documents in this correspondence may contain confidential health information that is privileged and subject to state and federal privacy laws, including the Health Insurance Portability and Accountability Act (HIPAA). This information is intended for the sole use of the addressee named above. If you are not the intended recipient, you are hereby notified that reading, disseminating, disclosing, distributing, copying, acting upon, or otherwise using the information contained in this correspondence is strictly prohibited.

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