Humboldt IPA Authorization Request Form

Fax completed form to 707-442-2047 or mail to the IPA, 2315 Dean Street, Eureka, CA 95501

Phone: 707 443-4563; we do not accept authorization requests over the phone.

Incomplete request forms will be returned without being processed.

Notification will be sent to the member, the requesting provider, the member's PCP (if different than the requesting) and the proposed provider.

MEMBER INFORMATION		**Today's Date:**	
Patient's Name:			**Date of Birth:**
Gender: M / F	Patient's Address: ______ Street City Zip		
Phone #:		**Member ID#:**	
Health Plan	HMO: ☐ Anthem Blue Cross ☐ Blue Shield Cal PERs HMO	PPO: ☐ Blue Lake Rancheria	PCP:

REQUESTING PROVIDER INFORMATION		**PROPOSED PROVIDER & FACILITY INFORMATION**	
Name:		Name:	
Address:		Address:	
City, State, Zip		City, State, Zip	
Phone:	Fax:	Phone:	Fax:
Contact Name:		Tax ID# (Out of area providers only):	
		Facility Name:	

REQUESTED SERVICES AND MEDICAL NECESSITY

TYPE of REQUEST (check one): ☐ Routine ☐ Urgent/Emergent ☐ Retroactive Date:

Diagnosis Description:

ICD-10(s):

Relevant Clinical Information (and/or attach current clinical notes): ______________________________

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Requested Services

Description: ______________________ CPT: __________ Quantity : ________
Description: ______________________ CPT: __________ Quantity : ________
Description: ______________________ CPT: __________ Quantity : ________
Description: ______________________ CPT: __________ Quantity : ________
Description: ______________________ CPT: __________ Quantity : ________

Are you also requesting a Surgical Assistant? ☐ Yes ☐ No

PLACE of SERVICE: ☐ Office ☐ Outpatient ☐ Inpatient Date: ____________________

- Approved authorizations are effective from the date they are received and expire three (3) months from the effective date and are based on the member's eligibility at the time the authorization is reviewed. Providers must verify member eligibility within 5 days of the date of service to ensure coverage.
- Claims for services rendered without required prior authorization may be denied reimbursement. Claims for the above services must be submitted for the same service, CPT code and provider group (tax id #) as those approved or documentation must be submitted to explain the medical necessity of alternative and/or additional services.
- The requesting physician or the member may submit authorization appeals to the IPA Medical Management Department.
- This is confidential and privileged information protected by California Civil Code § 43.97, Health & Safety Code §1370, and California Evidence Code §1157

CONFIDENTIAL INFORMATION

This facsimile is intended for the use of the person or entity to which it is addressed and may contain information that is privileged and confidential, the disclosure of which is governed by applicable law. If the reader of this message is not the intended recipient, or the employee or agent responsible to deliver it to the intended recipient, you are hereby notified that any dissemination, distribution or copying of this information is strictly prohibited. If you have received this message by error, please notify us immediately and destroy the related message. You, the recipient, are obligated to maintain it in a safe, secure and confidential manner. Re-disclosure without appropriate patient consent or as permitted by law is prohibited. Unauthorized re-disclosure or failure to maintain confidentiality could subject you to penalties described in Federal and State law.