CONTROL #:____________________________

EXPIRATION DATE:_______________

One Golden Shore Drive ● Long Beach, CA 90802
(800) 526-8196 ● Fax: (562) 901-9330

SERVICE REQUEST FORM

(Schedule non-emergent requested service until authorization is obtained.)

DATE: / /

PATIENT INFORMATION

MEMBER NAME (LAST, FIRST)	DATE OF BIRTH / /	MEMBER I.D. (Social Security Number)
ADDRESS (NO., STREET, CITY, STATE, ZIP		PHONE NUMBER ( )

SERVICE IS: ☐ EMERGENT* (Needed immediately) ☐ URGENT* (Needed within next 3 days) ☐ ELECTIVE (Not needed within next 3 days)

* ONLY EMERGENT/URGENT REQUESTS MAY BE FAXED.

REFERRAL/SERVICE TYPE REQUESTED

☐ Specialist Consult/Treatment/Follow-Up Care ☐ Surgical Procedure Requested LOS____________________

☐ Inpatient Admission ☐ Inpatient Facility____________________

☐ Major Diagnostic Procedure ☐ Outpatient Date/Time of Service____________________

☐ Home Health ☐ Hospice ☐ Other____________________

☐ DME ☐ Comments____________________

REQUESTING PROVIDER INFORMATION

REQUESTING PROVIDER NAME: (LAST, FIRST)	SPECIALTY	PHONE NUMBER ( )
ADDRESS (NO., STREET, CITY, STATE, ZIP)		FAX NUMBER ( )

REFERRED TO PROVIDER INFORMATION

REFERRED TO PROVIDER NAME: (PHYSICIAN, MG/IPA, FACILITY, AGENCY)	SPECIALTY	PHONE NUMBER ( )
ADDRESS (NO., STREET, CITY, STATE, ZIP)		FAX NUMBER ( )

PROCEDURE INFORMATION

CPT CODE(s) #/DESCRIPTION	CPT CODE(s) #/DESCRIPTION	HCPCS #/DESCRIPTION

CLINICAL INDICATIONS FOR REQUEST: (INCLUDE PERTINENT PAST MEDICAL HX., TREATMENT, PHYSICAL FINDINGS, AND ATTACH ALL RECORDS AND TEST RESULTS, ETC.)

REQUESTING PROVIDER SIGNATURE: DATE PATIENT SEEN BY PCP / /

MOLINA USE ONLY

CRITERIA/GUIDELINES MET:

☐ YES ☐ NO (If No, Medical Director Review Required)

AUTHORIZATION STATUS: ☐ PENDED

☐ APPROVED ☐ APPROVED with QUALIFCIATIONS (See comments Below) ☐ DENIED (Per Medical Director)

COMMENTS:

UM DEPARTMENT SIGNATURE:	DATE / /	APPROVED LOS:

MEDICAL DIRECTOR REVIEW:

☐ APPROVED COMMENTS:____________________

☐ PENDED ____________________

☐ DENIED

MEDICAL DIRECTOR SIGNATURE: DATE / /

AUTHORIZATION IS CONTINGENT UPON MEMBER'S ELIGIBILITY ON DATE OF SERVICE