

# Cascade Health Alliance

2909 Daggett Ave. Suite 225, Klamath Falls, OR

Phone: 541-883-2947 FAX: 541-882-6914

## AUTHORIZATION REQUEST FORM

Print legibly

INCOMPLETE REQUESTS WILL BE RETURNED

### THIS AUTHORIZATION IS NOT A GUARANTEE OF PAYMENT

PAYMENT WILL BE BASED ON OHP BENEFITS IN EFFECT THE TIME OF SERVICE, MEMBER ELIGIBILITY, AND MEDICAL NECESSITY

PROVIDER PHONE # \_\_\_\_\_ PROVIDER FAX # \_\_\_\_\_

AUTH STATUS: STANDARD \_\_\_\_\_ URGENT \_\_\_\_\_ RETRO \_\_\_\_\_

DATE:	INDIVIDUAL COMPLETING FORM:	PHONE #
PATIENT NAME:	BIRTHDATE:	ID #
ORDERING PROVIDER:	PROVIDER /FACILITY REFERRED TO:	
REASON FOR REFERRAL		
ICD-10 DIAGNOSIS CODE(S) * REQUIRED. *:		
DATE OF SERVICE:	RETRO DATE OF SERVICE:	

[ ] Please check here if Provider is out of area and then mark the following:

[ ] Service not available in service area [ ] Continuity of Care [ ] Appt. not available for \_\_\_\_\_ weeks in service area

\*REQUIRED\* Procedure(s) CPT \_\_\_\_\_ - # requested \_\_\_\_\_, CPT \_\_\_\_\_ - # requested \_\_\_\_\_

CPT \_\_\_\_\_ - # requested \_\_\_\_\_, CPT \_\_\_\_\_ - # requested \_\_\_\_\_

OR

HCPC CODES: \_\_\_\_\_-#requested \_\_\_\_\_ HCPC CODES: \_\_\_\_\_-#requested \_\_\_\_\_

HCPC CODES: \_\_\_\_\_-#requested \_\_\_\_\_ HCPC CODES: \_\_\_\_\_-#requested \_\_\_\_\_

OUTPATIENT STAY: \_\_\_\_\_ INPATIENT STAY: (Hospital, SNF, etc.) \_\_\_\_\_

Length of Stay \_\_\_\_\_ OTHER Services: \_\_\_\_\_

Home Health Skilled Nursing Visits: (i.e. : 2x/wk x 2 weeks): \_\_\_\_\_ VISITS Per Week for \_\_\_\_\_ WEEK(s)

THERAPIES (Please mark all that apply): PT \_\_\_\_\_ OT \_\_\_\_\_ ST \_\_\_\_\_

REQUESTING VISITS (e.g.: 2x/wk x 2 weeks): \_\_\_\_\_ VISITS Per Week for \_\_\_\_\_ WEEK(s)

Other Information \_\_\_\_\_

\_\_\_\_\_  
Physician Signature