

## **PROVIDER MEMO**

**To:** Santa Clara Family Health Plan Providers

From: Utilization Management

Date: February 10, 2020

**Subject:** Updated Prior Authorization Request Form for Medical Services

Santa Clara Family Health Plan has updated the Prior Authorization Request (PAR) form for medical services. This new form is now available on our website at <a href="www.scfhp.com">www.scfhp.com</a>. Navigate to For Providers, then Prior Authorization. Click on **Prior Authorization Request—Medical Services** to open and download the fillable PDF.

The updated PAR form will help us better understand your request so we can provide you a quicker determination response. Please type your request to facilitate faster processing and remember to attach pertinent clinical documentation with the Prior Authorization Request form.

Please contact Utilization Management at **1-408-874-1821** for any questions. Thank you for your partnership in caring for our members!