

**Out-of-Network Clinical Review Pre-Authorization
Request Form - Commercial**

Date:	Member ID #:
Member Name:	Member DOB:
Requesting Provider: <i>The request should be submitted by a <u>participating provider in the same specialty as the requested out-of-network provider.</u></i>	Office Contact Name:
Requesting Provider ID #:	Office Contact Phone # and Ext:
Tax ID #:	Office Contact Fax #:

Service or Procedure Dates (if known):

Fax Form with Supporting Medical Documentation to Clinical Review at 1-800-923-2882 or 1-860-674-5893

Out-of-Network Provider Information

Please note that all Out-of-Network requests must be made to a specific provider(s). Requests to institutions or facilities without accompanying provider information will be returned to the requesting provider for clarification.

Name:	Address:
Specialty:	
Phone #:	Fax #:

Have you attempted to find a ConnectiCare in-network provider? Yes No

Please explain:

Has member seen this out-of-network provider in the past? Yes No

If yes, when was the last visit? Month: _____ Year: _____

Reason for Out-of-Network Provider Request

ICD-9*/ICD-10*/CPT/HCPCS Code(s):

* Services or inpatient discharges prior to Oct. 1, 2015 must use ICD-9 codes; services or inpatient discharges after Oct. 1, 2015 must use ICD-10 codes.

Service(s) needed (e.g., consultation, diagnostic testing, specific procedure, inpatient care, etc.):

Provide a clinical explanation why the requested services can only be provided by this particular out-of-network specialist, and **attach supporting documentation**:

Fax form and medical documentation to Clinical Review at 1-800-923-2882 or 1-860-674-5893

***Please Note:
Services are not considered authorized until ConnectiCare issues an authorization.
Lack of information will delay processing of request.***