

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

Member Name:		Member ID #:
		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 #:
Requested Service/Procedure Dates:		
<b>Fax Form with Supporting Medical Documentation to Clinical Review at 1-800-923-2882 or 1-860-674-5893</b>		
<b>Out-of-Network Provider Information</b> <i>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.</i>		
Name:	Address:	
Specialty:		
Phone #:	Fax #:	
Have you attempted to find a ConnectiCare in-network provider? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Please explain:		
Has member seen this out-of-network provider in the past? <input type="checkbox"/> Yes <input type="checkbox"/> No		
If yes, when was the last visit? Month: _____ Year: _____		
<b>Reason for Out-of-Network Provider Request</b>		
ICD-9/CPT/HCPCS Code(s):		
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 <b>attach supporting documentation</b> :		
<b>Fax form and medical documentation to Clinical Review at 1-800-923-2882 or 1-860-674-5893</b>		
<b><u>Please Note:</u> Services are not considered authorized until ConnectiCare issues an authorization. Lack of information will delay processing of request.</b>		

Please contact Clinical Review at 1-800-562-6833 (select option #4) with any questions about pre-authorization.  
This is confidential information. If you receive this form in error, please notify Provider Services immediately at 1-800-828-3407.