

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

Beneficiary Name:		Beneficiary ID #:	
		Beneficiary DOB:	
Requesting Provider: <i>The request should be submitted by a <u>participating provider in the same specialty</u> as the requested out-of-network provider.</i>		Office Contact Name:	
Requesting Provider ID #:		Office Contact Phone # and Ext:	
Tax ID #:		Office Contact Fax #:	
Requested Service/Procedure Dates:			
Fax Completed Form with Supporting Medical Documentation to Clinical Review at 1-866-706-6929			
Out-of-Network Provider Information			
<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 require clarification before the request can be reviewed.</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 beneficiary 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: _____			
Reason for Out-of-Network Provider Request			
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 attach supporting documentation :			
Fax form and medical documentation to Clinical Review at 1-866-706-6929			
<u>Please Note:</u> Services are not considered authorized until ConnectiCare issues an authorization. Lack of information will delay processing of request.			

Please contact Clinical Review at 1-800-508-6157 (select option #1) with any questions about pre-authorization.
This is confidential information. If you receive this form in error, please notify Provider Services immediately at 1-877-224-8230.