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



Date: Member ID #: Member Name: Member DDB: Requesting Provider: The request should be submitted by a participating provider in the same speciality as the requested out-of-network provider. 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: 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:	• • • • • • • • • • • • • • • • • • •		
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Provide a clinical explanation why the requested services can only be provided by this particular out-of-network specialist,	Service(s) needed (e.g., consultation, diagnostic testing, specific procedure, inpatient care, etc.):		
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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.			