

# PRIOR AUTHORIZATION / REFERRAL

**IMPORTANT!**

Illegible/Incomplete requests will be sent back for clarification and completion. All requests for authorization must be complete and include all information necessary to make medical necessity decisions in a timely manner.

FAX FORM(S) TO: SAMARITAN UTILIZATION MANAGEMENT  
(541) 768-4211 or (541) 768-4212

For SHPO Internal Use Only:

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For assistance with completing this form, please call: (541) 768-5207 or 1-888-435-2396

<input type="checkbox"/> Standard <input type="checkbox"/> Expedited <input type="checkbox"/> Retro request		Date:	
Medical documentation <u>required</u> if referral is to be EXPEDITED MD Sign*: _____		<i>*Signature indicates waiting for a decision within standard timeframe could place member's life, health, or ability to regain maximum function in serious jeopardy.</i>	
<b>CHECK HEALTH PLAN:</b>			
<input type="checkbox"/> IHN <input type="checkbox"/> COHO <input type="checkbox"/> Samaritan Advantage <input type="checkbox"/> Samaritan Choice <input type="checkbox"/> Samaritan Healthy KidsConnect			
<b>PATIENT INFORMATION:</b>			
Last Name:		First Name:	
		MI:	
Patient's Primary Care Provider:		Date of Birth: _____ / _____ / _____	Health Plan ID #:
<b>PRIOR AUTHORIZATION / REFERRAL:</b>			
ICD-9 Code:	CPT/HCPC Code:	Date of Scheduled Appointment: _____ / _____ / _____	
		<input type="checkbox"/> To Be Scheduled	
Requesting Provider Name (First, Last):		PAR Provider: <input type="checkbox"/> Yes <input type="checkbox"/> No	
Address:		Phone:	Fax:
Contact Person:		Phone:	Fax:
<b>REFERRAL TYPE:</b>			
<input type="checkbox"/> Physical Therapy <input type="checkbox"/> OT    No. Units (PT/OT) _____		<input type="checkbox"/> Speech Therapy    No. Sessions _____	
<input type="checkbox"/> Office Consult / Visits <input type="checkbox"/> Outpatient <input type="checkbox"/> Inpatient		<input type="checkbox"/> Other: _____	
No. Visits: _____			
Hospital / Facility / Specialist Name:		Phone:	Fax:
Hospital / Facility / Specialist Address:			
<b>REASON FOR REQUEST / COMMENTS:</b>			

**REMINDER: Form must be complete and must include supporting documentation.**