

# Preauthorization Request Form



A determination notice will be mailed and/or faxed to the requesting provider, facility, and patient.

- PacificSource responds to preauthorization requests within two (2) business days if received before 3:00 p.m.
- Requests received after 3:00 p.m. are processed the next work day.
- Incomplete information will delay the preauthorization process.
- Please include pertinent chart notes to expedite this request.
- Participating providers submit online through InTouch, at **PacificSource.com**

Network exception request  
One time agreement request  
Medical coverage for dental

## Requesting Provider Contact Information

Contact person \_\_\_\_\_ Office name \_\_\_\_\_ Date \_\_\_\_\_  
Phone \_\_\_\_\_ Extension \_\_\_\_\_ Email \_\_\_\_\_ Fax \_\_\_\_\_

## Patient Information

Last name \_\_\_\_\_ First name \_\_\_\_\_  
DOB \_\_\_\_\_ Member number \_\_\_\_\_

## Procedure Information

CPT/HCPCS/CDT and description _____	CPT/HCPCS/CDT and description _____
CPT/HCPCS/CDT and description _____	CPT/HCPCS/CDT and description _____
CPT/HCPCS/CDT and description _____	CPT/HCPCS/CDT and description _____
CPT/HCPCS/CDT and description _____	CPT/HCPCS/CDT and description _____
CPT/HCPCS/CDT and description _____	CPT/HCPCS/CDT and description _____
CPT/HCPCS/CDT and description _____	CPT/HCPCS/CDT and description _____

Diagnosis code(s) and description(s) \_\_\_\_\_

Retrospective review?      Yes      No      Dates of service \_\_\_\_\_      To be scheduled  
Inpatient      Residential      Estimated length of stay (number of days) \_\_\_\_\_  
Outpatient      Office      Home      Durable medical equipment:      Rental      Purchase      Cost \$ \_\_\_\_\_

## Provider Information

Ordering provider or surgeon _____	NPI _____
Address _____	City _____ State _____ Zip _____
Phone _____	Fax _____ Tax ID _____
Place of service, vendor, or facility _____	NPI _____
Address _____	City _____ State _____ Zip _____
Phone _____	Fax _____ Tax ID _____

## Health Services Department

PO Box 7068, Springfield OR 97475-0068 | 541-684-5584 | Toll-free 888-691-8209 | Confidential Fax 541-225-3625