HEALTH SERVICES PREAUTHORIZATION REQUEST FORM

Requests may be submitted online through InTouch
PacificSource.com/aboutproviderintouch
or fax this form to: 541.225.3625

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

- PacificSource responds to preauthorization requests within two (2) working days.
- 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.

REQUESTING PROVIDER CONTACT INFORMATION

Date: ______________________ Contact person: ______________________

Phone: ______________________ Extension: __________ Fax: __________

PATIENT INFORMATION

Last name: ______________________ First name: ______________________

DOB: ______________________ Member number: ______________________

PROCEDURE INFORMATION

CPT / HCPCS code and description: ______________________

CPT / HCPCS code and description: ______________________

CPT / HCPCS code and description: ______________________

Notes: ______________________

Diagnosis code and description: ______________________

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: ______________________

Address: ______________________

City/State/Zip: ______________________ Tax ID: __________

Phone: ______________________ Fax: ______________________

Place of service, vendor, or facility: ______________________

Address: ______________________

City/State/Zip: ______________________ Tax ID: __________

Phone: ______________________ Fax: ______________________

Health Services Department
110 International Way, Springfield OR 97447 ● PO Box 7068, Springfield OR 97475-0068
541.684.5584 ● Toll-free 888.691.8209 ● Confidential Fax 541.225.3625