

**HEALTH FIRST NETWORK
REFERRAL/AUTHORIZATION REQUEST**

Referral Line: (850) 478-1960
 Toll Free: (800) 492-9634
 Referral Fax: (850) 471-2240
 Toll Free Fax: (866) 256-2015
 Medical Fax: (850) 505-7823

Authorization#: _____
Expiration date: _____
Coordinator: _____

HEALTHPLAN:

- Vista
 Well Care HEASE
 Healthy Kids
 HealthSpring
 Other Insurance Primary: _____

Name: _____

ID # _____ DOB: _____

PCP: _____ Phone: _____ Fax: _____

Requesting Provider: _____ Phone: _____ Fax: _____

Name of Contact Person: _____

Referral To: _____ Phone: _____ Fax: _____

DOS/Appointment: _____ Number Visits Requested: _____

ICD-9 Diagnosis Code: _____ Diagnosis Description: _____

CPT Code/Procedure: _____ Place of Service: _____

Type of Service Authorized:

- Evaluation/Consult only Diagnostic/Lab Outpatient Procedure
 Total OB Care In-Office Surgery/Treatment Inpatient Procedure
 PT eval. _____ Visits OT eval. _____ Visits ST eval. _____ Visits

Authorization Disclaimer:

Receipt of this authorization does not guarantee reimbursement. Reimbursement is subject to benefit plan coverage and patient eligibility at the time service is rendered.

Time Standards for Decision-Making and Notification

Type of Review	Time to make Decision, Approval, Denial or Request additional info.	Additional Info to be provided by	Time to notify provider after decision is made: approval or denial after receipt of all information	Maximum Total Time frame
Pre-Service Non Urgent	14 Calendar Days	45 Calendar Days of the date request	14 Calendar days	75 Calendar Days
Pre-Service Urgent	72 Hours to approve or deny OR 24 hours to request additional info.	48 Hours	Same day	72 Hours
Post Service Review	30 Days	45 Calendar Days	14 Calendar Days	90 Calendar Days

This Fax document is confidential and intended solely for the individual or entity to whom it is addressed. This communication may contain material that is privileged, confidential, or protected from disclosure under applicable law. If you have received this transmission in error, or are not the intended recipient(s), you are hereby notified that you are strictly prohibited from viewing, storing, disseminating, distributing, or copying this communication. If you have received this communication in error, please notify us immediately by replying by fax (850-471-2240) or phone (850-478-1960) and disposing of the document in a confidential manner. Thank you, MED3000.