



Treatment Authorization Form

In-Network providers are encouraged to use EpicCare Link to submit and check the status of a prior – authorization requests. **Providers are expected to attach the necessary clinical records or supporting documentation for this request.** If you need access to the referral management system, EpicCare Link, please visit www.hoag.org/hpp for EpicCare Link portal sign up and training. Eligibility must be confirmed with the health plan within 2 business days prior to providing the service.

PRIORITY: URGENT ROUTINE RETROACTIVE DATES OF SERVICE(S): _____

PATIENT INFORMATION

PATIENT'S FIRST & LAST NAME:		DATE OF BIRTH:	EPIC MRN (IF APPLICABLE):
PATIENT'S ADDRESS, CITY, ZIP:		PHONE:	
HEALTH PLAN:	MEMBER ID#:	MEMBER EFFECTIVE DATE (IF KNOWN): IS THIS A NEW HEALTH PLAN OR ID #: <input type="checkbox"/> YES <input type="checkbox"/> NO	
IS PRESENT PROBLEM DUE TO: <input type="checkbox"/> ACCIDENT AT WORK <input type="checkbox"/> AUTO ACCIDENT IF SO, DATE OF INJURY: _____			

REQUEST FROM (ORDERING PROVIDER)

REQUESTING PROVIDER'S NAME:	PROVIDER SIGNATURE:
ADDRESS, CITY, STATE, ZIP:	PHONE NUMBER:
	PROVIDER NPI:

REQUEST TO PROVIDER OR FACILITY

REQUESTED PROVIDER NAME OR FACILITY:	PROVIDER/FACILITY NPI:	
SPECIALTY:	PROVIDER/FACILITY TAXID:	
PROVIDER/FACILITY ADDRESS, CITY, STATE, ZIP:	PHONE NUMBER:	
	FAX NUMBER:	
<input type="checkbox"/> OFFICE VISIT / OFFICE PROCEDURE (11)	<input type="checkbox"/> ESRD FACILITY (65) <input type="checkbox"/> OFF-CAMPUS OP HOSPITAL (19) <input type="checkbox"/> INPATIENT SURGERY (21)	<input type="checkbox"/> OUTPATIENT PROCEDURE/SURGERY (22) <input type="checkbox"/> AMBULATORY SURGICAL CENTER (24) <input type="checkbox"/> INDEPENDENT LABORATORY (81)

CPT/PROCEDURE CODES

UNITS

ICD/DIAGNOSIS CODES

CPT/PROCEDURE CODES	UNITS	ICD/DIAGNOSIS CODES

Attach this form along with clinical documentation and send to:

Hoag Clinic Utilization Management Team · PO Box 3499 · Costa Mesa, CA 92628		
Phone Number: (949) 791-3490	Routine Fax: (949) 791-3491	Urgent Fax: (949) 791-3492

