

Pre-Service Non-Urgent (Physician Signature NOT Required)

Pre-Service Administratively Urgent (Physician Signature NOT Required)

(Services which do not meet the definition of Medically Urgent, however, are deemed to be time sensitive by one or more of the affected parties.)

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Pre-Service Medically Urgent (Attending Physician Signature REQUIRED Below)

(Medically Urgent—In the opinion of the attending physician, there is a risk to the member’s life, serious bodily injury or pain that cannot otherwise be managed.)

Attending Physician Signature: _____ **Date:** _____

PATIENT DEMOGRAPHICS		
Patient Name:		Date of Birth:
Member ID:		Phone Number:
Street Address:		
City:	State:	Zip Code:

REFERRING PROVIDER INFORMATION		
Provider Name:		Phone #:
Street Address:		Fax #:
City:	State:	Zip Code:
Provider #:	Specialty:	

REFERRED TO PHYSICIAN/FACILITY/PROVIDER INFORMATION		
Referred To:		Phone #
Street Address:		Fax #
City:	State:	Zip Code:
Specialty:		

REQUEST INFORMATION				
Home Health		Hospice		
Date (s) of Service:	Diagnosis Code(s):	ICD Code(s):		
CPT Codes and Description:				
# of Visits	3 rd party liability:	W/C	MVA	Other

Services Requested:

Form Submitted By:		
Name:	Phone:	Fax:

For further information on hospice services, please see the Prevea360 Health Plan medical policy; [Hospice MP9299](#).

Prevea360 Health Plan is underwritten by Dean Health Plan

If you have any questions regarding the services or form, please contact our Customer Care Center at 877-230-7555 or review [Prevea360 Health Plan’s Medical Management](#) site. Requests to non-plan providers must be approved prior to obtaining services.