

Outpatient Services



Fax Completed Form to: 608-252-0830

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.)

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

Additional Information:

Form Submitted By:		
Name:	Phone:	Fax: