Kelsey-Seybold Clinic
Changing the way health cares.

# Authorization Request Form (UR Form)

**Utilization Review Fax: 713-442-5333**
**Concurrent Review Case Mgmt Fax# 713-442-4930**

**Please Send:**
1)Pertinent Clinical Progress Notes.
2)Pertinent Lab and Radiological Results.
3)Any other information to support your request.

**Please complete all required fields. (*)**

UR Phone: 713-442-5339

**Urgent reviews**: Request an urgent review for a patient with a life-threatening condition, or if the provider determines that the condition is severe or painful enough to warrant an expedited or urgent review to prevent a serious deterioration of the patient's condition or health. Please provide justification that applying the standard time for making a determination could seriously jeopardize the life or health of the member or the member's ability to regain maximum function in the Urgent box below.

**Priority*:**
☐ **Routine**
☐ **Concurrent**
☐ **Clinical Update**
☐ **Retro**
☐ **Urgent** – Please include a Clinical Reason for Urgency:

**Medicare Advantage Plans**
☐ KelseyCare Advantage ☐ WellCare Texan Plus

**Kelsey-Seybold Capitated EPO, HMO and POS & Commercial Plans:**
☐ CIGNA HMO Network; POS Network
☐ Cigna SureFit
☐ Blue Essentials ERS HealthSelect of Texas
☐ TRS Blue Essentials HMO
☐ KelseyCare Powered by CIGNA – Network
☐ KelseyCare Powered by CIGNA – Network POS
☐ KelseyCare Aetna
☐ KelseyCare Humana KelseyCare United Healthcare

| | |
|---|---|
| **Patient Name (last, first)*:** | |
| **Patient Date of Birth*:** | |
| **Patient Member ID*:** | |
| **Name of Nurse/ Staff submitting form*:** | |
| **Submitter's Phone*:** | |
| **Submitter's Fax*:** | |
| **Today's Date*:** | |

| **Requesting Provider or Facility*** | |
|---|---|
| Name: | |
| NPI# | Specialty: |
| Phone: | Fax: |
| Group Name (if applicable): | |

**Requesting Provider's Signature and Date*:**

**Service Provider***
Name: Acadian Ambulance of TX
NPI: 1750676870
Specialty: Ambulance
Location/Address:
3720 Corley Ave.
Beaumont, TX. 77701
Phone: 337-521-3560
Fax: 337-291-2271
Group Name:

**Service Facility***
☐ Clear Lake Regional
☐ Gramercy
☐ Houston Northeast Medical Center
☐ Kingwood Medical Center
☐ Kelsey-Seybold Clinic ASC
☐ Kelsey-Seybold LabCorp
☐ MD Anderson Cancer Center
☐ Memorial Hermann: (add location)
☐ Houston Methodist (add location):
☐ CHI St. Luke's Hospital (add location):
☐ CHI St. Luke's Hospital – Medical Ctr
☐ CHI St. Luke's Brazosport Facility
☐ CHI St. Luke's Kirby Glen
☐ CHI St. Luke's Medical Towers
☐ Texas Children's Hospital
☐ TCH Woman's Pavilion
☐ Tomball Regional Medical Center
☐ Women's Hospital of Texas
☐ HCA Facility:
☐ Other:

**Request Type:**
☒ Ambulance Transport
☐ Consultation/Follow-Up
☐ Dialysis
☐ DME
☐ Home Health
☐ Outpatient Diagnostic Radiology
☐ Outpatient Labs
☐ Outpatient Surgery
☐ Outpatient Therapy (PT/OT/ST)
☐ Inpatient
☐ Inpatient Surgery
☐ 23 Hour Observation
☐ IPR
☐ SNF
☐ LTAC
☐ Transplant Evaluation
☐ Transplant Surgery
☐ Other:

**Date of Service*:**

**Authorization Start/End Dates*:**

**Diagnosis/ICD-10 Code*:**

**CPT/HCPCS Code (and Qty) *:**

**Other pertinent information to be considered:**