Your Child. Our care. Smart Plan.
Seton Health Plan CHIP
A member of the Seton Healthcare Family

Seton Health Plan CHIP/STAR

Phone Number (512) 420-2777 or 1-877-451-5628
FAX Number (512) 420-2798 or toll free (866) 272-2542

Referral Type: ☐ **ROUTINE**
☐ **URGENT (Service in next 72hrs)**

Seton Health Plan STAR
A member of the Seton Healthcare Family

* **Plan Name :**	☐ **Seton CHIP** ☐ **Seton STAR**				
***Request Date:**		***Submitted by (Name):**		***Phone # and Ext:**	
***Return Fax #: (include area code if outside Austin):**					
***Patient Name:**					
***DOB:**		***Patient's ID Number:**			
***Requesting Provider or Clinic name:**					
***Requested Specialist or Service:**			***Req. # of visits:**		
***Diagnosis & ICD-10 Codes:**					
***Description of Procedure CPT or HCPCS Codes:**			☐ **IP** ☐ **OP** ☐ **OBS**		
LMP:		**EDC:**			
* **FACILITY NAME (for Inpatient or Outpatient Services):**			***Proposed Date of Service:**		

***Reason for referral (please attach pertinent clinical/progress notes or provide clinical narrative, including duration of problem, types of treatment, pertinent physical findings, pertinent testing results):**

Pre-admission diagnostic work-ups, including lab, imaging and/or supporting specialty consultations:

Coordination of Benefits (Other Insurance)

***Workman's Compensation:**	☐ **YES**	☐ **NO**	***MVA Subrogation :**	☐ **YES**	☐ **NO**	**Date of Injury:**	
***Other Insurance Coverage**	☐ **YES**	☐ **NO**	**Name of Insurance:**			**Subscriber Name and ID #**	

TO BE COMPLETED BY SETON HEALTH PLAN MEDICAL MANAGEMENT SERVICES

Authorization Number:		**Authorization Dates:**	
Number of Visits:		**Services Approved:**	

Comments/Questions:

*** In order to process request all required fields must be completed**