

# Silverback Care Management

PHONE: 855-359-9999      FAX: 888-965-1964

Pre-Certification

Referral/Notification

**Health Plan/Payor:**

United Healthcare       Care N' Care PPO       Care N' Care HMO       Humana Gold Plus

Submitted by:(select one) <input type="checkbox"/> PCP Office <input checked="" type="checkbox"/> Specialist Office      Today's Date:    /    /	
Person to contact for this Submission:	
Phone:	Fax: 337-291-2271

Patient's Name:	DOB    /    /	Member ID:
Patient PCP:	NPI:	

Proposed Date of Service:    /    /	
Treating Provider: Acadian Ambulance Service of Texas	NPI: 1750676870
Other Provider Name: (i.e. Facility)	NPI:
Phone: 337-371-3829	Fax: 337-291-2271
<input checked="" type="checkbox"/> Outpatient <input type="checkbox"/> Office <input type="checkbox"/> Inpatient	

ICD-10 CM Diagnosis Description	ICD-10 CM Code	
Procedure: CPT/HCPCS Exact Description	CPT/HCPC Code	# of Visits

**Enter any notes pertinent to this standard request: PLEASE SUBMIT CLINICAL DOCUMENTATION WITH ALL PRECERTIFICATION SUBMISSIONS**

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**FOR EXPEDITED REQUESTS ONLY.** If the request needs to be treated as expedited, clinical justification must be provided 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 (Please do not use this space for standard request notes):

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Authorization does not guarantee or confirm benefits will be paid. Payment of claims is subject to eligibility, contractual limitation, provisions and exclusions.

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