

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

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):

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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