

Precertification Request form

Dell Children's Health Plan prior authorization — phone: 1-888-821-1108, fax: 1-800-964-3627

To prevent delay in processing your request, please fill out form in its entirety with all applicable information.

Today's date:

Provider return fax:

Member information

First name:	Last name:	Dell Children's Health Plan member ID:
Address:		City, state ZIP code:
DOB:	Contact phone:	
Additional member information:		

Referring provider **Participating** **Nonparticipating**

Full name:		
NPI:	Provider ID:	TIN:
Office contact name:	Office phone:	Office fax:
Address:		City, state ZIP code:
Specialty:		

Servicing provider **Participating** **Nonparticipating**

Full name:		
NPI:	Provider ID:	TIN:
Office contact name:	Office phone:	Office fax:
Address:		City, state ZIP code:
Specialty:		

Servicing facility **Participating** **Nonparticipating**

Full name:		
NPI:	Provider ID:	TIN:
Facility contact name:	Facility phone:	Facility fax:
Address:		City, state ZIP code:

Requested service (For type of service, check all that apply.) **Date/date range of service:**

ICD-10 code(s):

CPT code(s) (include requested units):

Type of service: Outpatient Planned inpatient Emergent inpatient Skilled nursing facility
 Long-term services and supports/long-term care Home health
 Durable medical equipment Diagnostic study Hospice Office visit Personal care services
 Other:

Place of service: Hospital Ambulatory surgery center Office Home Independent lab
 Nursing facility Other:

Additional information:

Please submit all appropriate clinical information, provider contact information and any other required documents with this form to support your request. If this is a request for extension or modification of an existing authorization from Dell Children's Health Plan, please provide the authorization number with your submission.

Emergent: Use for all nonelective inpatient admissions when the provider indicates that the admission is urgent, emergent or expedited (for admission on same day).

Urgent: Use for outpatient services when the provider indicates that the service is urgent, emergent or expedited.

Important note: You are not permitted to use or disclose Protected Health Information about individuals who you are not currently treating or are not enrolled to your practice. This applies to Protected Health Information accessible in any online tool, sent in any medium including mail, email, fax or other electronic transmission.

Disclaimer: Authorization is based on verification of member eligibility and benefit coverage at the time of service and is subject to Dell Children's Health Plan claims payment policy and procedures.