Precertification Request

Phone: 1-800-454-3730 ▪ Fax: 1-800-964-3627
To avoid delay, please print clearly.

Amerigroup RealSolutions in healthcare

TODAY'S DATE: **PROVIDER RETURN FAX #:** 206-325-2975

MEMBER INFORMATION (Please verify eligibility prior to rendering service)

NAME (Last Name, First Name): AMERIGROUP ID #: DOB:
ADDRESS: CITY, STATE ZIP:
MEDICAID #: OTHER INSURANCE/WORKER'S COMP:

REFERRING PROVIDER INFORMATION (Check the box where the referral should be faxed)

NAME: OFFICE CONTACT NAME:
MEDICAID PROVIDER #: AMERIGROUP #: GROUP PRACTICE #: NPI #:
PHONE #: FAX #: OTHER PHONE #:
PHONE #: FAX #: OTHER PHONE #:

SPECIALIST CONSULT

CONSULTANT: (Last Name, First Name, Provider Specialty)
AMERIGROUP PROVIDER #: NPI #: PHONE #: FAX #:
ADDRESS: CITY, STATE ZIP:
ICD-9 CODE/DIAGNOSIS/REASON FOR REFERRAL:
PMH/PREVIOUS STUDIES/TREATMENT:
OF VISITS REQUIRED:

MATERNITY CARE

For initial notification of pregnancy, please use the Maternity Notification Form.
For all other services related to pregnancy, please use this form (e.g., ultrasound, fetal nonstress test).

DIAGNOSTIC STUDY

FACILITY NAME: Diagnostic Cytogenetics, Inc. [Tax ID:91-1134800] DOS:
DIAGNOSIS/REASON FOR REFERRAL:
PROCEDURE/CPT CODE: Chromosome analysis:88237,88264,88280,88285,88291 FISH:88377,88112
PMH/PREVIOUS STUDIES/TREATMENTS:

SURGERY REQUEST

SURGEON'S FULL NAME: (Last Name, First Name) DOS: ❑Inpt ❑ Outpt ❑ Ext Stay

FACILITY NAME:
DIAGNOSIS/REASON FOR SURGERY:
PROCEDURE/CPT CODE:
PMH/PREVIOUS STUDIES/TREATMENTS:

OTHER CLINICAL INFORMATION NEEDED

❑DME ❑Home Health ❑Hospice ❑Other

REFERRED TO PROVIDER: (Last Name, First Name) AMERIGROUP PROVIDER #: NPI #:

DIAGNOSIS/REASON FOR REFERRAL:
PROCEDURE/CPT CODE:
PMH/PREVIOUS STUDIES/TREATMENTS:

PLACE OF SERVICE: ❑ OFFICE ❑ HOME ❑ OUTPATIENT HOSPITAL ❑ INPATIENT HOSPITAL ❑ OTHER

PLEASE ATTACH CLINICAL INFORMATIONTO SUPPORT MEDICAL NECESSITY.

This referral is valid only for services authorized by this form. Only completed referrals will be processed. If the consultant/provider recommends another service or surgery, additional authorization is required. Certification does not guarantee that benefits will be paid. Payment of claims is subject to eligibility, contractual limitations, provisions and exclusions.

To be completed by Amerigroup: DATE APPROVED:
DATE SPAN: REFERENCE #: INITIALS OF APPROVER:

To confirm precertification is required for this service, use the Precertification Lookup tool on the provider self-service website at providers.amerigroup.com.

***Disclaimer**: Authorization is based on verification of member eligibility and benefit coverage at the time of service and is subject to Amerigroup claims payment policy and procedures.*