PRE-SERVICE/ PRIOR AUTHORIZATION REVIEW REQUEST

Fax to Care Management:
800-843-1114

Request Date ______________ .

☐ **URGENT** – All requests to LifeWise Health Plan of Oregon marked as urgent/expedited must include supporting documentation from the physician's office that the application of standard timeframes for making a non-urgent determination: (a) could seriously jeopardize the life or health of the patient or the ability to regain maximum function, or, (b) in the opinion of a physician with knowledge of the member's medical condition, would subject the patient to severe pain that cannot be adequately managed without the care or treatment being requested.

MEMBER/PATIENT ______________________________ Date of Birth ______________________
Member ID ______________________________ Suffix ____________ Group # ______________________

REQUESTING PROVIDER ____________________	**SERVICING PROVIDER** ____________________
Address ____________________	Address ____________________
City/State/ZIP ____________________	City/State/ZIP ____________________
Phone ____________ Fax ____________	Phone ____________ Fax ____________
***Optional information below** – please include if known.*	***Optional information below** – please include if known.*
Contact Person ____________________	Contact Person ____________________
Tax ID/NPI # ____________________	Tax ID/NPI # ____________________
Contracted Provider: ☐ Yes ☐ No	Contracted Provider: ☐ Yes ☐ No

Procedure/CPT	Diagnosis ICD-9

CLINICAL INFORMATION – Attach supporting medical records and include presenting symptoms and previous treatment.

☐ Outpatient ☐ Inpatient Facility Name ______________________________
Date Scheduled ____________ ☐ Initial Treatment ☐ Concurrent/Ongoing Treatment ☐ Post-Service*
Existing Reference # ______________________ **Expiration Date** ______________________

*If submission of this form is more than seven days post-service, medical necessity will be reviewed upon submission of the claim.

Note: Unless specifically requested elsewhere in this document, do not send a DNA or other genetic sample, or the results of any genetic typing, test, or analysis, including DNA.

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