Benefits Administration
Post Office Box 619031
Roseville, CA 95661-9031
800-441-2524
Fax: 916-406-2301
AdventistHealth.org

FAX

Medical benefit prior authorization/unavailable service request form

Please read the instructions below **before** filling out the form.

1. Select the box at the top of the form to indicate whether you are submitting a prior authorization request or an unavailable service request.

   a. **Prior Authorization Request**
   Prior authorization is required when a physician recommends hospitalization or certain other types of medical services that need to be deemed medically necessary and appropriate by the Employee Health Plan. You do not need to obtain prior authorization for routine health care performed in a provider's office, urgent care center, or emergency room.

   Prior authorization is needed for diagnostic testing, out-patient procedures, non-emergency hospitalizations, surgeries, infusions and high cost specialty injectable medications etc., in accordance with the list located in the Summary Plan Document. In the case of emergencies or urgent situations, a retrospective prior authorization will be carried out. All emergency or urgent admissions are subject to review for medical necessity and are reviewed on a case by case basis.

   Please note: Infusions and high cost/specialty injectable medications that are being billed through the medical benefit (aka "buy-and-bill") should be requested using this form. If using a specialty pharmacy, contact the member's pharmacy benefit manager for prior authorization.

   Prior authorizations are required for consultations with certain non-Adventist Health provider specialists, including surgeons, oncologists, pain management specialists and dentists, among others. Refer to the Summary Plan Document for additional information, or call 800-441-2524 with any questions.

   For a list of services that require prior authorization, please refer to the Summary Plan Document available on the Contact Center Online HP.

   b. **Unavailable Service Request**
   An unavailable service request form (USRF) is an official request to the Employee Health Plan to have a service done outside of the Adventist Health Employee Health Plan network due to the unavailability of the service in our network.

   There are two instances in which you need to submit a USRF:

      1. **If you need a service that is not provided at an Adventist Health facility.**
      We provide 100% coverage at the facilities in our Adventist Health network. If you need a service that is not provided at one of our facilities, you need an approved USRF. Although a service may be unavailable within our Adventist Health network, services at an appropriate PPO facility are covered at 80%.

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2. If you need a physician that is neither an Adventist Health physician nor a contracted non-Adventist Health PPO physician.
   This instance is extremely rare, but it does happen, and you will need an approved USRF if you would like to receive coverage.

Failure to obtain an approved USRF before obtaining services outside of the Adventist Health network, may result in no coverage.

Please remember any service with a non-Adventist Health PPO provider will result in a higher out of pocket cost.

DISCLAIMER: Covered employees who do not have ready access to an Adventist Health facility (such as members at the Corporate office and WHR employees) can use non-Adventist Health PPO contracted facilities and receive 80% coverage without submitting a USRF. Note: Prior authorization is required for some services.

If you have any questions about submitting a USRF, please call us at 1-800-441-2524.

2. Work with your provider to fill out this form.
3. Include all current clinical/diagnostic documents.
4. Fax or mail to:

   Adventist Health
   PO Box 619031
   Roseville, Ca. 95661
   P: 1-800-441-2524
   F: 916-406-2301

5. Follow-up:
   Please have your provider's office call 800-441-2524 to check on prior authorization requirements.

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Request type: Select one and indicate if request is routine or medically urgent. (See page 1 for explanations.)

☐ **Prior Authorization Request** ☐ **Unavailable Service Request** ☐ Routine ☐ Medically Urgent

PATIENT

EMPLOYEE/MEMBER INFORMATION		
Today's Date:	Subscriber/Member ID:	Group Number:
Subscriber Name:	Relationship to patient: Self ☐ Spouse ☐ Child ☐ Registered Domestic Partner ☐	

PATIENT INFORMATION			
Patient Name:		Date of Birth:	Sex: M: ☐ F: ☐
Phone:	Address:	City/State/Zip:	
Reason for requesting out-of-network services:			

PROVIDER

FOR PROVIDER'S OFFICE ONLY

Please complete all fields to ensure Adventist Health has the most current information on file.

Requesting Provider:	**NPI:**	**TIN#:**
Requesting Provider Contact:	Phone:	Fax:
Address:	City/State/Zip:	

Treating Provider:	**NPI#:**	**TIN#:**
Treating Provider Contact:	Phone:	Fax:

Contracted with: ☐Adventist Health ☐California Foundation for Medical Care ☐Healthcare Resources NW ☐First Choice ☐First Health ☐Not contracted ☐Letter of Agreement

Servicing Facility:	**NPI#:**	**TIN#:**
Address:	City/State/Zip:	

Contracted with: ☐Adventist Health ☐Californial Foundation for Medical Care ☐Healthcare Resources NW ☐First Choice ☐First Health ☐Not contracted ☐Letter of Agreement

Place of Service: ☐ Outpatient ☐ Inpatient ☐ Office Anticipated date of service:

Rehab: ☐ Physical Therapy ☐ Occupational Therapy ☐ Speech Therapy Total # of visits requested:

Behavioral Health: ☐ RTC ☐ PHP ☐ IOP Total # of days requested:

DME: Rental: ☐ Length of rental time: Purchase: ☐ **DME total charge: $**
Date of rental or purchase: **Prosthetics/orthotics total charge: $**

DIAGNOSIS		**PROCEDURE/SERVICE/DME**		
*Diagnosis description	*ICD-10 code:	*Procedure/service/DME description	*Quantity	*CPT/HCPCS code:

- *This authorization determination is based on medical necessity only. Eligibility and benefits need to be confirmed by calling 800-441-2524.*
- *All services are to be provided within the Adventist Health identified network(s) unless otherwise approved.*