

EL PASO FIRST
healthplans, inc.

Pre-certification Fax Form for
OUTPATIENT/SCHEDULED Procedures

Fax No. 915-298-7866 Pre-Cert No. 915-532-3778 X 1500

PLEASE NOTE: All services requiring pre-certification (other than on an emergency basis) must be approved in advance by a HMO Medical Director/designee. Pre-certification is subject to all terms and conditions of the Health Service Contract and is only valid for eligible health plan member at time of service.

PROVIDER'S INFORMATION (PROVIDER/FACILITY SUBMITTING AUTH REQUEST)

DATE OF REQUEST: _____ PROVIDER'S NAME: **LIFE AMBULANCE SERVICE INC**

TPI # **008211001** NPI # **1861477762**

CONTACT PERSON: _____ PHONE NO. **915-877-3155** FAX NO. **915-877-2234**

SERVICE LOCATION: _____ MAIL ADDRESS: **PO BOX 26486, EL PASO, TX 79925**

MEMBER'S INFORMATION

NAME: _____ MEMBER I.D. NO.: _____ **SSI** (Circle if SSI)

DOB: _____ Member Phone: _____ PCP: _____

REFER TO INFORMATION (PROVIDER/FACILITY PERFORMING SERVICE IF DIFFERENT FROM ABOVE)

PROVIDER'S NAME: _____ TPI # _____ NPI # _____

CONTACT PERSON: _____ PHONE NO. _____ FAX NO. _____

SERVICE LOCATION: _____ MAIL ADDRESS: _____

PROCEDURE INFORMATION

TYPE OF SETTING: OFFICE VISIT OFFICE VISIT W/TREATMENT LABS RADIOLOGY
 THERAPY (OT, PT, ST) SURGICAL DENTAL HOME HEALTH PODIATRY
 INPATIENT SCHEDULED SERVICES DIABETES/ASTHMA EDUCATION OTHER

EXPECTED DATE OF PROCEDURE: _____ **AMBULANCE TRANSFER**

1.	PRIMARY DIAGNOSIS	CPT PROCEDURE CODES	SSI ONLY	
			TYPE OF SERVICE	MODIFIER
1.	_____	1. A0428	1. 41	_____
2.	_____	2. A0425	2. 41	_____
3.	_____	3. A0422	3. 41	_____
4.	_____	4. _____	4. _____	_____
5.	_____	5. _____	5. _____	_____

PLAN OF TREATMENT/PERTINENT CLINICAL HISTORY AND PHYSICAL EXAM
(INCLUDE PREVIOUS MEDICAL MANAGEMENT, LAB AND/X-RAY RESULTS):

FOR EL PASO FIRST USE ONLY

REVIEWED BY: _____ DATE: _____ APPROVED: YES NO

REFERENCE NO. _____

THIS PRECERTIFICATION DOES NOT GUARANTEE PAYMENT OF BENEFITS NOR VERIFY ELIGIBILITY. PAYMENT OF BENEFITS IS SUBJECT TO ALL TERMS, CONDITIONS, LIMITATIONS AND EXCLUSIONS OF THE MEMBER'S CONTRACT. REGARDLESS OF A DETERMINATION, MEDICAL, DECISIONS REGARDING A COURSE OF TREATMENT ARE SOLELY BETWEEN THE PHYSICIAN AND THE PATIENT.