



# Pre-Certification Form Point-of-Service (POS) Plan

Fax: 1-619-740-8111

*Incomplete forms will be faxed back to sender*

<b>Instructions:</b> <ul style="list-style-type: none"> <li>Please validate patient eligibility and benefits prior to rendering services</li> <li>FAX completed forms to 1-619-740-8111</li> <li>Submit all clinical documentation such as progress notes/labs/radiology with requests</li> <li>For questions call SHP Customer Care at 1-800- 359-2002 or 1-858- 499-8300</li> </ul>					<b>Eligibility Verified</b> <input type="checkbox"/> Yes <input type="checkbox"/> No	
<i>Payment for services is dependent upon the patient's eligibility at the time services are rendered. Copays, coinsurance and/or deductibles may apply. Pre-certifications are valid for the date range specified on this form.</i>						
Member Name		DOB		POS (Health Plan) ID Number		
Member Address (Street, City, Zip Code)				Member Phone Number		
Requesting Provider		Phone Number		Fax Number		
Member Requested? <input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Inpatient <input type="checkbox"/> Outpatient	Prepared by		Date Sent		
<input type="checkbox"/> Routine/Standard Request: Decisions will be rendered within 5 business days from receipt of all necessary information						
<input type="checkbox"/> Urgent Request: Decisions will be rendered within 72 hours from receipt of all necessary information. A request is urgent if the routine/standard turn-around-time could seriously jeopardize the life, health or ability to regain maximum function or subject the member to sever pain that cannot be managed without requested treatment						
Provider Name				Phone Number		
Provider Address (Street, City, Zip Code)				Fax Number		
Tax ID		NPI		Expected Date-of-Service	Inpatient Length of Stay	
<b>Diagnosis</b>	<b>ICD-10 Code</b>	<b>Procedure or Equipment</b>		<b>Procedure Code</b>	<b>Units</b>	
Reason for request (Please submit all pertinent documentaion with request)						
<b>For SHP UM use only</b>						
<b>Pre-Certification Number</b>		<b>Date Range</b>		<b>Initials</b>	<input type="checkbox"/> <b>Approved</b> <input type="checkbox"/> <b>Denied</b>	
<input type="checkbox"/> Pend Additional Information			<input type="checkbox"/> POS Retro-Approval (Services rendered without a Pre-Certification)			
<b>Comments</b>						