



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

*Incomplete forms will be faxed back to sender*

**Instructions:**

- Please validate patient eligibility and benefits prior to rendering services
- FAX completed forms to (619)740-8111
- Submit all clinical documentation such as progress notes/labs/radiology with requests
- For questions call SHP Customer Care at (800) 359-2002 or (858) 499-8300

<b>Eligibility Verified</b> <input type="checkbox"/> Yes <input type="checkbox"/> No
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*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.*

Member Name	DOB	POS (Health Plan) ID Number
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Member Address (Street, City, Zip Code)	Member Phone Number
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Requesting Provider	Phone Number	Fax Number
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Member Requested? <input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Inpatient <input type="checkbox"/> Outpatient	Prepared by	Date Sent
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<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
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Provider Address (Street, City, Zip Code)	Fax Number
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Tax ID	NPI	Expected Date-of-Service	Inpatient Length of Stay
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Diagnosis	ICD-10 Code	Procedure or Equipment	Procedure Code	Units

Reason for request (Please submit all pertinent documentaion with request)

**For SHP UM use only**

Pre-Certification Number	Date Range	Initials	<input type="checkbox"/> <b>Approved</b> <input type="checkbox"/> <b>Denied</b>
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Pend Additional Information       POS Retro-Approval (Services rendered without a Pre-Certification)

Comments