SHARP HEALTH PLAN

Referral & Prior Authorization Request Form

Incomplete forms will be faxed back

Submit

Please submit the finished form by fax. **Fax:** 1-619-740-8111.

If you need assistance, we're here to help.
You can call Customer Care at 1-858-499-8300 or toll-free at 1-800-359-2002, or email us at customer.service@sharp.com.
We are available to assist you Monday through Friday, 8 a.m. to 6 p.m.

Member Information

First name:	Last name:	Middle initial:

Is this a member request? ☐ Yes ☐ No	ID#:	Birth date (MM/DD/YY): (/ /)	Member phone number: ( )

Home address:

City:	State:	ZIP code:

Provider Information

Name of requesting provider: ☐ PCP ☐ Specialist	Phone number: ( )	Fax number: ( )	PCP (If not listed above):

NPI#:	Tax ID#:	Prepared by:	Date prepared (MM/DD/YY): (/ /)	Eligibility checked: ☐ Yes ☐ No

☐ **Routine/Standard Request:** Determinations will be made within five (5) business days of receipt of all necessary information.
☐ **Urgent Request:** Determinations will be made within 72 hours of receipt of all necessary information.

Provider/Service requested:	Expected date of service (MM/DD/YY): (/ /)

Provider name:	Phone number: ( )	Fax number: ( )

NPI#:	Tax ID#:	Provider address:

City:	State:	ZIP code:

☐ Inpatient ☐ Outpatient	Facility name:	Inpatient goal length of stay:

Diagnosis	**ICD-10 Code**	**Procedures/Equipment**	**CPT Code**

Reason for referral (include all pertinent documentation)

IMPORTANT:

- FAX completed referral forms to 1-619-740-8111.
- Please call SHP at 1-858-499-8300 if no response within 5 days.
- Please submit clinical documentation to support the authorization request.

Payment for services is dependent upon the patient's eligibility at the time services are rendered. Provider to call Health Plan for benefits and eligibility each visit. Prior authorization valid for ninety (90) days from date approved by Sharp Health Plan.