

**St. Francis Health Network, Inc.
PRIOR AUTHORIZATION REQUEST**

IF NOT COMPLETED IN FULL, REQUEST WILL BE RETURNED

ST. FRANCIS HEALTH NETWORK, INC.
112 NORTH 17TH AVENUE, SUITE 210
BEECH GROVE, INDIANA 46107

PHONE: (317) 585-7777 Commercial (317) 570-6816 Medicaid RBMC
(800) 862-3436 Toll Free (800) 291-4140 Toll Free
FAX: (317) 570-6818 For All Plans

Advantage Franciscan M-Plan MDwise

PERSON SUBMITTING REQUEST: _____

PHONE#: _____ DATE: _____

PATIENT NAME: _____

ID#: _____ DOB: _____

PCP: _____

SCP: _____ SPECIALTY: _____

DIAGNOSIS: _____ ICD-9 CODE(S): _____

PROCEDURE: _____ CPT-4 CODE(S): _____

CONSULT ONLY: CONSULT & TREAT: INPATIENT: OUTPATIENT:

DATE OF SERVICE (if available): _____ TREATMENT PLAN/MEDICAL INFORMATION: _____

IF REQUESTING APPROVAL FOR NON-PARTICIPATING PROVIDER, INDICATE WHY PARTICIPATING PROVIDER CANNOT PROVIDE SERVICE: _____

IS INJURY THE RESULT OF: MOTOR VEHICLE ACCIDENT: WORK RELATED:

NAME OF ADDITIONAL INSURANCE: _____

REFERRAL TYPE: SELF REFERRED: REFERRED BY PCP:

PLEASE DO NOT WRITE BELOW THIS LINE. FOR SFHN USE ONLY.

AUTHORIZATION#: _____ DATE: _____

(APPROVAL FOR CONSULT & TX. IS VALID FOR 30 DAYS)

RN SUBMITTING AUTH.: _____ EXT.: _____ DATE SUBMITTED: _____

SFHN MED. DIRECTOR'S DECISION:

REASON FOR DENIAL:

REASON FOR

APPROVAL:

____ APPROVED
____ DENIED
____ PENDING FOR FURTHER RESEARCH

____ NOT MEDICALLY NECESSARY
____ NOT A COVERED BENEFIT
____ SERVICES AVAILABLE IN NETWORK
____ PRESENTING SYMPTOMS DO NOT SUPPORT A PRUDENT LAYPERSON REASON TO SEEK EMERGENT CARE
____ OTHER, SEE ATTACHED DOCUMENTATION
____ NO AUTHORIZATION RECEIVED FROM PCP/PMP

____ MEDICALLY NECESSARY
____ COVERED BENEFIT
____ CONTINUITY OF CARE
____ REFERRED BY PCP

MEDICAL DIRECTOR'S COMMENTS/SIGNATURE: _____

Complete this form for the following services:

- All Out-of-Network Services
- All In-Patient Admissions
- Referrals to Oral/Maxillofacial Surgeons
- Referrals to Plastic/Reconstructive Surgeons
- Referrals to Reproductive Endocrinologists
- Bariatric Medical/Surgical Consult & Treatments
- Biotech/Biopharm/Biologic Drugs (except Chemo)
- Pediatric Clinic Services
- Global OB Care
- Durable Medical Equipment/Prosthetics
- All Out-Patient Services/Surgeries that require prior auth (refer to Section III, Page 8 of the SFHN Provider Manual)
- Specialty Lab Work Performed by Outside Vendors