PRE-AUTHORIZATION FOR TELEHEALTH SERVICES

Phone: 1.877.221.9295| Fax: 1.866.616.6255

Member Name: _____

The Health Plan Member ID#: _____ Date of Birth: _____

Provider Requesting Telehealth: _____

Provider Tax ID #: _____ Provider NPI#: _____

Provider Phone Number: _____

Name of Requestor: _____

Email: _____

Referring Provider: _____

Referring Provider Phone Number: _____

CPT Code Requested: _____

Originating Site: _____

Distant Site Practitioner's Name: _____

Distant Site Practitioner's Credentials: _____

Are you using an interactive video telecommunications system? ☐ Yes ☐ No

Is this server secure and HIPAA compliant? ☐ Yes ☐ No

Explain the need for telehealth services:

REVIEWED 08/23/2018