

PRECERTIFICATION

Physicians and health care providers may be required to precertify services with the insurance company. In the event precertification is required, the following sample form may serve as a template. If you need assistance in obtaining precertification for your patient, please complete this form and fax it together with a copy of the patient's insurance card and patient signed precertification authorization to the Pinnacle Health Group at (877) 866-2986.

TO BE COMPLETED PRIOR TO PRECERTIFICATION

PATIENT INFORMATION

Name _____
Address _____ City _____ State _____ Zip Code _____
Date of Birth _____ Social Security Number _____

INSURANCE INFORMATION

Name of Insurance _____
Insurance Phone Number _____ Policy Holder Name _____
Plan ID _____ Group Number _____
Plan Address _____ City _____ State _____ Zip Code _____
Other Information _____
Provider Services Phone Number _____

PROCEDURE

Diagnosis _____
Procedure Description _____
Date of Procedure _____
Body Site to be Treated _____

PHYSICIAN INFORMATION

Name _____ Tax ID Number _____
Address _____ City _____ State _____ Zip Code _____
Phone Number _____ Fax _____
Office Contact Name _____
NPI Number _____ Provider Number _____

TO BE COMPLETED DURING PRECERTIFICATION

Name of Contact _____ Contact Phone Number _____
Precertification Number _____ CPT/HCPCS codes _____
Coding Required for Claim _____
Address to Mail Claim _____ City _____ State _____ Zip Code _____

ADDITIONAL NOTES/POLICY INDICATIONS AND LIMITATIONS

