

Prior Authorization and Referral Request Form



If faxing, please fax completed form and applicable supporting clinical documents to the appropriate fax number below.

Aspirus Health Plan - Attn: Integrated Health Services
 6105 Golden Hills Drive, Golden Valley, MN 55416-1023
 Phone: 866.631.5404 • Fax: 763.847.4014

DATE OF REQUEST	
START DATE OF SERVICES	
THIS REQUEST IS FOR:	<input type="checkbox"/> Authorization <input type="checkbox"/> Referral

MEMBER INFORMATION

First Name	Last Name	Date of Birth	Subscriber Number
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ORDERING/REFERRING PROVIDER INFORMATION

Provider First Name		Site/Location Name		
Provider Last Name		Site/Location Name		
TIN	NPI	City	State	ZIP
Location Contact Person		Phone	Fax	

Fax notifications related to this request (by checking this box, you will not receive mail notifications).

PRIOR AUTHORIZATION INFORMATION

Check if servicing provider is same as ordering provider.

Servicing Provider First Name		Site/Location Name		
Servicing Provider Last Name		Site/Location Address		
TIN	NPI	City	State	ZIP
Location Contact Person		Phone	Fax	

Comments (indications for treatment)

REFERRAL INFORMATION

Reason for Referral: Patient's Request MD Preference Unavailable in Network Health Plan Requirement

Referred to Provider First Name		Site/Location Name		
Referred to Provider Last Name		Site/Location Address		
TIN	NPI	City	State	ZIP
Location Contact Person		Phone	Fax	

Comments (indications for referral to specialist)

SERVICES REQUESTED (Supporting clinical documentation must accompany this request)

Consult Only Follow-Up DME Lab/X-Ray Home Care Hospice Skilled Nursing
 Surgery: Inpatient Outpatient Other:

Primary Diagnosis Code	Description
Procedure/HCPCS Code(s)	Description

Attach Applicable Office Notes and Diagnostic Testing Results For This Request

Workers Compensation Yes No Date of Injury/Loss
 Motor Vehicle Accident/Subro Yes No Date of Injury/Loss
 Other Coverage Yes No Insurance Company

NOTE: The prior authorization of any procedure does not guarantee benefits or payment. Approval is based on medical necessity as defined in the patient's benefit plan or certificate. All benefits are subject to the terms, conditions, and exclusions of the benefit plan or certificate. This may include policy language regarding pre-existing conditions or signed affidavits stating that the insurance bears no responsibility, as signed by the insured. Policy exclusions for certain types of services may also apply. Verify prior authorization requirements. For additional benefit information, please contact Aspirus Health Plan at 866.631.5404. **A release of information form included in the application for insurance was signed by our member.**