uhsm™
Unite Health Share Ministries

| Prior Authorization Request Form | General Request |
|---|---|
| **UHSM Fax:** (888) 317-9602 | |

**Notice: UHSM has a 5 Business Day turn-around time on all Prior Authorization Requests.**
Failure to complete this form in its entirely may result in delayed processing or an adverse determination for insufficient information. Pre-authorizations are valid for 90 days. Prior authorizations are for professional and institutional services only. All oral medication requests must go through members' pharmacy benefits. By submitting this prior authorization, you are agreeing to work with UHSM on in-network pricing.

| Provider Information | Member Information |
|---|---|
| **Servicing Provider/Vendor/Lab Name and Address:**<br><br>**Tax ID#:** **NPI:** | **Member Name:**<br><br>**Birth Date:** |
| **Referring/Prescribing Physician's Name:**<br><br>● **PCP** ☐ **Specialist** **Please identify specialty:**<br>**Tax ID#:** **NPI:** | **UHSM Member ID Number:**<br><br>**Place of Service:**<br>● Physician's Office ☐ Freestanding Ambulatory Surgery Center<br>☐ Patient's Home ☐ Home Care Agency<br>☐ Outpatient Hospital Care<br>☐ Long Term Care ☐ Inpatient Hospital Care<br>☐ Other (explain): |
| **Servicing Facility Name and Address:**<br><br>**Tax ID#:** **NPI:** | |
| **Office Contact:** | |
| **Phone Number:** | **Anticipated Date of Service:** |
| **Fax Number:** | |

**Please enter all codes requested; "by report" codes must have a description of why the code is being used**

**ICD-10 CODE(S):**

**CPT CODE(S):**

**HCPCS CODE(S):**

**PATIENT CLINICAL INFORMATION**

**Please provide the following documentation:**

- History and physical and/or consultation notes including:
  - Clinical findings (i.e., pertinent symptoms and duration)
  - Comorbidities
  - Activity and functional limitations
  - Family history if applicable
  - Reason for procedure/test/device, when applicable
  - Pertinent past procedural and surgical history
  - Past and present diagnostic testing and results
  - Prior conservative treatments, duration, and response
  - Treatment plan (i.e., surgical intervention)
- Consultation and medical clearance report(s), when applicable
- Radiology report(s) and interpretation (i.e., MRI, CT, discogram)
- Laboratory results
- Other pertinent multidisciplinary notes/reports: (e.g., psychological or psychiatric evaluation, physical therapy, multidisciplinary pain management) when applicable

**For question: Call UHSM at (800) 900-8476 or (757) 210-3435**