



St. John's Health Plans Medical Management
Prior Authorization (Precertification) Worksheet

Fax to St. John's Health Plans Medical Management

Fax # 417-820-7866 or 800- 863-8040

Sender: Phone: Pages:

Date: Time:

If unable to fax, Mail to: St. John's Health Plans Medical Management, 3265 S. National, Ste 115, Springfield, MO 65807

Confidential - This confidential information belongs to the sender, which is legally or medically privileged information. If you have received this facsimile in error, please notify us at (417) 820-3182 or (800) 330-8305.

Member information

Name DOB

Plan ID number Daytime phone

Provider/Physician Requesting Prior Authorization/Pre-certification

Name Specialty Phone #

Tax ID # Fax #

Address

Requested Provider(Physician and/or facility)

Name Specialty Phone #

Tax ID # Fax #

Address

Prior Authorization/Precertification Requested

- checkbox Inpatient admit checkbox Transplant checkbox Home Health Care checkbox Hospice checkbox SNF checkbox Pet Scan
checkbox DME > \$500 (Cost Specify) checkbox Orthotics/Prosthetics checkbox Out of Network
checkbox Point of Service checkbox Specified codes (refer to prior auth grid) checkbox Wellness Program

Please call Premier member services for benefits and complete list of precertification requirements at 417-836-0402 or 800-836-0402 or Premier Plus member services at 417-837-0200 or 800-330-8449.

Planned Procedure Procedure/HCPSC code

Beginning date of service: Ending date of service # of visits

Diagnosis: Diagnosis code

Place of service Tax ID:

Address:

Phone: Fax:

Clinical Information: Please send medical records supporting medical necessity for planned procedure.

Symptoms (severity, duration etc)

Diagnostic findings (lab, x-ray, etc.)

Conservative treatment that has failed:

Comments:

Auth number Valid dates: to # of visits

Auth completed by: Date: