HCR rcvd date

Predetermination Request Form
Fax to Health Care Resources: 630-226-2180

It is important to read all instructions before completing this form.

Please note that all responses are returned via fax. **Please include a working fax number to prevent delay.**

NOTICE: Failure to complete this form in its entirety or include requested ***legible*** documentation may result in delayed processing or an adverse determination due to insufficient information. *Routine* predeterminations *may take up to 10 business days from date of receipt. Predeterminations deemed urgent can take up to 72 hours from date of receipt.*

Type of Review	Clinical reason for urgency
☐ **Routine** ☐ **Urgent** An urgent review is deemed appropriate when the provider determines that the patient's condition is severe enough to warrant an expedited review, to prevent a serious deterioration of the patient's condition or health. ***Please be advised that office, therapy, or clinical appointment scheduling is not considered medically urgent.***	This section must be completed for urgent review consideration.

PLEASE NOTE: Any urgent request that does not meet the above criteria will be automatically subject to a routine review.

Submitter Information	
Submitting Provider:	**Ordering Physician:**
Contact Name:	**Telephone Number:**
Reference Number:	**Fax Number:**

Member Information									
Member ID	**9**								

Member's First Name:	**Member's Last Name:**
Patient's First Name:	**Patient's Last Name:**
Patient's Date of Birth:	

Authorization Request
Diagnosis Code(s):
CPT Code (s):
Place of Treatment: ☐ **Outpatient Facility** ☐ **Inpatient Facility** ☐ **Home** ☐ **Office** ☐ **Infusion center**
Anticipated procedure date:
Therapy start date : ☐**PT** ☐**OT** ☐**ST** ☐**Chiropractic** ☐**NA**
Therapy written treatment plan (number of days/frequency/duration):
Medication start date (if applicable):
Medication treatment plan (route/dose/duration):
Medications tried and failed:

****Please fax all supporting documentation along with this form to HCR fax number above**