



Share Select & Network Plus - Authorization Request Form

*Requires fields.

Urgency of Request*: **Standard** (5 days) **Urgent** (3 days) **Emergency** (24 hours)

PATIENT INFORMATION

Patient Name*:		Member ID*:	DOB*:
Contact Phone*:	PCP*:	Other Health Coverage*: <input type="radio"/> No <input type="radio"/> Yes	

SUBSCRIBER INFORMATION (if the patient is a minor)

Subscriber Name:	Relationship to Patient:
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PROVIDER INFORMATION

Requesting Physician*:	NPI*:	Phone*:
Street Address:	City/State/Zip:	Fax*:
Provider Signature*:	Date*:	

Type of Service Requested*:	Service Dates (if applicable)*:
<input type="radio"/> Outpatient <input type="radio"/> Observation <input type="radio"/> Inpatient <input type="radio"/> DME	

There is no out-of-network benefit. Care will be directed in-network by the Plan.

Requested Provider (if applicable):			Place of Service*:		
Dialysis: <input type="radio"/> DaVita	Home Health: <input type="radio"/> Compassionate Care	Radiology: <input type="radio"/> Kern Medical <input type="radio"/> Kern Radiology <input type="radio"/> Stockdale Radiology	<input type="radio"/> In-Office	Behavioral Health Substance Abuse <input type="radio"/> Bakersfield Behavioral <input type="radio"/> Good Samaritan	
DME: <input type="radio"/> Ashli <input type="radio"/> Byram <input type="radio"/> Kern Medical Supply <input type="radio"/> Mercy Plaza Respiratory <input type="radio"/> Right Healthcare	Home Infusion: <input type="radio"/> ICS (Home Infusion)	<input type="radio"/> Sleep Lab: <input type="radio"/> Sandman	<input type="radio"/> ASC: _____	Intensive O/P Program <input type="radio"/> Aspire <input type="radio"/> Bakersfield Behavioral <input type="radio"/> Good Samaritan <input type="radio"/> Pine Meadows	
Breast Pump: <input type="radio"/> A Breast Pump & More	Chemo/Other Infusion: <input type="radio"/> Kern Medical - Network Plus only: <input type="radio"/> AIS	Speech Therapy: <input type="radio"/> Affiliated Speech	Hospital Facility: <input type="radio"/> Kern Medical <input type="radio"/> Delano Regional <input type="radio"/> Kern Valley <input type="radio"/> Ridgecrest Regional <input type="radio"/> AH - Tehachapi Valley <input type="radio"/> Valley Children's	Skilled Nursing <input type="radio"/> Rehab Center of Bakersfield	
Insulin Pumps: <input type="radio"/> Byram	Prosthetics & Orthotics: <input type="radio"/> Achilles <input type="radio"/> Bakersfield Prosthetics <input type="radio"/> Valley Institute of Prosthetics & Orthotics	Therapy: <input type="radio"/> PT <input type="radio"/> OT <input type="radio"/> Pair & Marotta <input type="radio"/> Terrio	<input type="radio"/> I/P Rehabilitation <input type="radio"/> Encompass Health		

Diagnosis Code(S)*:				
1.	2.	3.	4.	5.

CPT, HCPC, Rev Code(s)*:				
1.	2.	3.	4.	5.
Qty.	Qty.	Qty.	Qty.	Qty.

Comments:

Processing of your request will not begin until all required fields are complete and supporting documentation is received. The urgency of the request is based on medical necessity. Not obtaining prior authorization does not constitute urgency. Requests will be directed to preferred network providers. There is **no out-of-network** benefit. Completion of this form is not a guarantee of approval or payment.

Questions: Call (661) 868-3280 or (855) 308-5547