

AltaMed Health Services
 Omnicare Medical Group
 LaSalle Medical Associates
 Family Choice Medical Group
 Golden Physicians Medical Group

Medi-Cal
 Commercial*
 Medicare

ROUTINE (7 Calendar Days/*5 Business Days)
 URGENT (72 Hours) *Applicable when standard timeframes could seriously jeopardize the member's life or health or ability to attain, maintain, or regain maximum function.*
 RETRO (30 Calendar Days) *Submitted within 30 calendar days from date of service*

Retro Date of Service: _____

Continuity of Care Last Visit Date: _____
 Standing Referral
 Second Opinion

Member has a terminal illness, and services are considered experimental and/or investigational.

SUBMIT AUTHORIZATION REQUEST VIA FAX TO (323) 720-5608

For inquiries or questions on authorization status, or in general, call the Altura Customer Services Department at (323) 417-7741

PATIENT INFORMATION

Patients Name: _____ DOB: _____
 Health Plan: _____ Health Plan ID: _____

AUTHORIZATION REQUEST INFORMATION

ICD-10:	_____	Diagnosis	_____
		Description:	_____
CPT Code:	_____	CPT	_____
	CPT Qty: _____	Description:	_____
	_____		_____
	_____		_____
	_____		_____

Referred To Provider
 Name: _____ Specialty: _____
 Facility: _____ Place of Service (POS): _____
 Address: _____
 Telephone: _____ NPI/Tax ID: _____
 Reason for referral: _____

Attachments:

Clinical
 Laboratory & Radiology Findings
 Medication List
 Other

Requesting Provider Name: _____
Address: _____
Telephone: _____ **Fax:** _____

Primary Care Provider *(If different than Requesting Provider):* _____
Requesting Provider Signature: _____

For Home Health requests, in addition to the above section, please complete the following page.

HOME HEALTH SERVICES

Initial Start of Care (SOC): _____ Last Visit Date: _____

Service Request	CPT Codes	Start Date	End Date	# of Visits	Frequency (# of Visits per Week)
RN					
PT					
OT					
ST					
HHA					
MSW					
Other					

For Internal Use Only: