

CARE MANAGEMENT PROGRAMS ALLERGY REQUEST FOR AUTHORIZATION BENEFIT EXTENSIONS BEYOND 20 VISITS/CALENDAR YEAR

Fax completed form with supporting clinical documentation to (646) 473-7447

Please print clearly in blue or black ink, or complete online.

Request Submitted by: _____
FIRST NAME LAST NAME

Request Date: _____
(MM/DD/YYYY)

1199SEIU MEMBER INFORMATION

MEMBER FULL NAME MEMBER ID #

PATIENT FULL NAME DATE OF BIRTH (MM/DD/YYYY)

HCPCS/CPT CODE(S) & DESCRIPTION

Code: _____

Description: _____

ICD 10 CODE(S) & DESCRIPTION

PRINCIPAL: _____

Description: _____

SECONDARY: _____

Description: _____

Complaints pertinent to request: _____

Pertinent history: _____

Objective findings: _____

Prior treatment/medication therapy and outcomes: _____

MEMBER ID # _____ PATIENT'S FULL NAME _____

Prior diagnostic studies and results: _____

Total # of allergy visits rendered to date for current calendar year: _____

Copy of desensitization records from initial to current: Yes No

Treatment plan: _____

PHYSICIAN INFORMATION

PHYSICIAN FULL NAME _____ DATE (MM/DD/YYYY) _____

PHYSICIAN SPECIALTY _____ TELEPHONE # _____ FAX # _____ TIN # (TAX ID) _____

OFFICE ADDRESS _____ CITY _____ STATE _____ ZIP CODE _____

FACILITY/VENDOR INFORMATION

NAME OF FACILITY/VENDOR PROVIDING TREATMENT _____ TELEPHONE # _____ FAX # _____ TIN # (TAX ID) _____

OFFICE ADDRESS _____ CITY _____ STATE _____ ZIP CODE _____

X _____
VENDOR AUTHORIZED SIGNATURE _____ DATE (MM/DD/YYYY) _____

PRINT FULL NAME _____ TITLE _____

CONTACT PERSON _____ TITLE _____

TELEPHONE # _____

Please note: Any areas that are not filled out will be considered not applicable to your patient AND MAY AFFECT THE OUTCOME OF THIS REQUEST. In order to process your request, the Provider TIN & Fax #'s along with the HCPCS/CPT & ICD 10 codes must be included. Complete this form and attach copies of pertinent medical documentation or copies of the physician's actual office chart to support your request. Fax completed form to (646) 473-7447. The Fund's Pre-authorization Call Center is available Monday to Friday, 9:00 am to 5:00 am at (646) 473-7446. Pre-authorization requirements are regularly updated and are therefore subject to change; periodically visit the website at www.1199SEIUBenefits.org for our most recent pre-authorization requirements, authorization request forms and other pertinent information located in the "For Providers" section.