



1199SEIU Benefit Funds

498 Seventh Avenue, New York, NY 10018-0009 • Tel: (646) 473-7446 • Fax: (646) 473-7447 • www.1199SEIUFunds.org •   @1199SEIUBenefitFunds

CARE MANAGEMENT DEPARTMENT SERVICE/EQUIPMENT REQUEST AUTHORIZATION FORM

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)

ORDERING/TREATING PHYSICIAN FULL NAME

TAX ID # (TIN) FAX #

FACILITY/VENDOR PROVIDING SERVICE NAME

TAX ID # (TIN) FAX #

MEMBERS FULL NAME MEMBER ID #

PATIENT'S FULL NAME (IF NOT MEMBER) PATIENT'S DATE OF BIRTH (MM/DD/YYYY) AGE

Is patient's condition related to:

Employment? (current or previous) Yes No If yes, date: _____
(MM/DD/YYYY)

Auto accident? Yes No If yes, date: _____
(MM/DD/YYYY)

Other accident? Yes No If yes, date & type of accident: _____
DATE (MM/DD/YYYY) TYPE OF ACCIDENT

Is legal action being taken? Yes No

Is there other insurance? Yes No List: _____

HCPCS/CPT code(s) & description: _____

ICD-10 code(s) & description:

Principal: _____

Secondary: _____

MEMBER ID #

PATIENT'S FULL NAME

Complaints pertinent to request/pertinent history/objective findings/date & time of surgery (if related to request):

Prior treatment/medication therapy and outcomes:

Prior diagnostic studies and results:

Projected treatment plan and expected outcome:

Comments:

X

PHYSICIAN SIGNATURE

DATE (MM/DD/YYYY)

PHYSICIAN SPECIALTY

TELEPHONE #

OFFICE ADDRESS

CITY

STATE

ZIP CODE

NAME OF FACILITY/VENDOR PROVIDING TREATMENT

OFFICE ADDRESS

CITY

STATE

ZIP CODE

X

VENDOR AUTHORIZED SIGNATURE

DATE (MM/DD/YYYY)

PRINT FULL NAME

TITLE

CONTACT PERSON

TITLE

TELEPHONE #

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.

The Funds' Pre-authorization Call Center is available Monday to Friday, 9:00 am to 5:00 pm, at (646) 473-7446. Pre-authorization requirements are regularly updated and are therefore subject to change; periodically visit the website at www.1199SEIUFunds.org for our most recent pre-authorization requirements, authorization request forms and other pertinent information located in the "For Providers" section.