# Prior Authorization Form

**REFERRALS WITHIN THE MCC NETWORK (NETWORK PROVIDER TO NETWORK PROVIDER)**

Referrals from a MCC Network Provider to a MCC Network Provider for services not listed on the Prior-Authorization List do not require prior approval and do not need to be sent to MCC/PSW.

**Fax completed forms to 360.775.2817**

## MEMBER INFORMATION

MEMBER ID | MEMBER NAME | DOB | PHONE

OTHER INSURANCE

## ORDERING / REFERRING PROVIDER

PRIMARY CARE PHYSICIAN

PHONE | FAX

REFERRING/ORDERING PROVIDER | NPI NO. (IF DIFFERENT FROM PCP*)

PHONE | FAX

☐ *PCP NOTIFIED OF THIS REFERRAL

OFFICE CONTACT | PHONE

## REQUESTED PROVIDER / FACILITY

PROVIDE DOCUMENTATION WITH THE REQUEST TO SUPPORT MEDICAL NECCESSITY

REQUESTED PROVIDER / FACILITY | SPECIALTY

NPI NO. | PHONE | FAX

## TYPE OF REQUEST

☐ ROUTINE ☐ RETRO ☐ EXPEDITED / URGENT**

**(Urgent request must include a physician's order stating that waiting for a decision under a standard timeframe could endanger the member's life, health, or ability to regain maximum functionality or would cause serious pain.)

☐ INPATIENT ☐ IPR ☐ OUTPATIENT ☐ LTACH ☐ SNF

APPOINTMENT PROCEDURE DATE

**IF PROVIDER OR FACILITY IS NON-CONTRACTED, INDICATE REASON BELOW AND SUBMIT DOCUMENTATION WITH REQUEST**

☐ NOT AVAILABLE IN NETWORK ☐ OTHER

REQUIRED: CPT / HCPCS CODE

ICD-10 CODES | MISC. AND / OR UNLISTED CODES - DESCRIPTION REQUIRED

NUMBER OF VISITS | START DATE | END DATE | FREQUENCY / UNITS

ADDITIONAL INFORMATION

PSW a population health company

319 Seventh Avenue SE, Suite 201 | Olympia, WA | **(P)** 360.786.8690 | **(F)** 360.775.2817