

Evergreen Health Plan
 Utilization Review Department
 707 Center St., Suite 110
 Columbus, GA 31901
 Phone: 706-660-6563
 Fax: 706-660-6470

Authorization #
01 _____ 900 _____

PRE-CERTIFICATION/REFERRAL FAX FORM
Faxing Preferred for Services Scheduled 2 or More Days in Advance

Referral Outpatient Surgery Observation Inpatient Admission

Member Name	ID Number	DOB	Age
PCP	Phone Number	Fax Number	Contact
Specialist Name	Phone Number	Fax Number	Contact
Procedure (If Applicable)	Procedure Code (If Applicable)	Admit/Procedure Date	
Diagnosis	Diagnosis Code	Number of Visits/Days Requested	
Ordering Physician Signature	Date Referral Requested	Place of Service	
Clinical Information			

Instructions:

1. All elective inpatient admissions and certain outpatient procedures (listed below) must be pre-certified. **ALL** admissions and procedures **MUST** be performed at a participating facility unless prior authorization is obtained.
2. All referrals must be to participating providers.
3. Referrals to out-of-network specialists must come from an in-network specialist.
4. All outpatient services must have approved prior authorization.
5. **Pre-certification IS NOT required** for: ultrasound, doppler, routine X-ray (i.e.: IVP, UGI, mammogram), routine blood & urine testing, bone scan, HIDA, VQ, thyroid, MUGA, PFT, audiograms, flex sigmoidoscopy in office <\$500 and non-invasive venous study. EMG, NCV, Dexa scan, EKG, echo and non-nuclear treadmill do not require pre-cert when done at TMC.
6. **Pre-certification IS required** for: sleep study & polysomnography, home visit for sleep study, dialysis, MRI, CT, non-cardiac spect, cardiac spect, PET scan, cardiolyte, 30d event monitor, 24 hour holter monitor, procedures in office >\$500, infertility testing & treatment, EMG done in physician office and **ALL OUT OF NETWORK SERVICES**.

Please mail claims to: Evergreen Health Plan, Inc.
 P.O. Box 380276
 Birmingham, AL 35238