Effective 1/1/2008

ExclusiveChoice Authorization Fax Form

FAX COMPLETED FORM TO:
SSM Management Services
FAX: (314) 989-2288 or 1-877-989-2288
PHONE: (314) 989-2355 or 1-877-989-2355

For use by SSM Management Services

Auth #

Date Processed:______________________

Date of Request

To be completed by requestor

Instructions: This **CONFIDENTIAL** fax form is a request for authorization ONLY and can be used by **ANY** participating physician**. Request is NOT approved until an authorization number is assigned by SSM Management Services**. See Authorization Box above. The authorization number will be provided by fax or phone. **Use of par providers, par facilities and par ancillary providers is required.** Completion of this form is not a guarantee of payment. Reimbursement is limited to the benefits of the plan.

PATIENT INFORMATION - Print		**EXCLUSIVECHOICE PROVIDER REQUESTED** - Print	
First Name	**Last Name**	**Physician First Name**	**Physician Last Name**
ExclusiveChoice ID #	**Patient Date of Birth**	**Specialty Type**	**Fax** ( )
ORDERING PHYSICIAN INFORMATION - Print		**Provider (if not physician)**	
First Name	**Last Name**	**Diagnosis:**	
Phone Number ( )	**Fax Number:** ( )		
FORM COMPLETED BY - Print			
First Name	**Last Name**	**(ICD-9) Code:**	

NUMBER OF VISITS REQUESTED – Circle One (If Applicable)

One Visit **Two Visits** **Three Visits** **Other (Specify)** ___________________________________

NOTE: This request is for one visit when the number of visits is not specified. Authorization expires ninety (90) days from the Issue Date, regardless of number of visits authorized or used. Extended authorizations can be requested and are subject to review by SSM Medical Management.

SERVICES REQUESTED - Check One Only

___Sleep Study *
___PET Scan*
___Pain Management*
___Outpatient Dialysis
___Outpatient Rehab (PT,OT, ST)
___ Home Medical Equipment
___ Dietician Service/Diabetic Education

*** Please provide clinical information/comments in space provided below, or fax with this Authorization Fax Form to 314-989-2288.**

CLINICAL INFORMATION: