Group Health Cooperative
of South Central Wisconsin

PRIOR AUTHORIZATION FORM

GHC-SCW Administrative Offices | Care Management Department
1265 John Q Hammons Dr. Ste 200, Madison, Wisconsin 53717
(608) 257-5294 or (800) 605-4327

☐ **Routine:** Applies to routine service requests. These should be submitted **at least 15 days ahead** of scheduled service. This applies to most requests. Request must be approved before service can be performed.

☐ **Administratively Urgent:** Routine service scheduled prior to the 15 days allowed to review, reserved for filling cancellations.

☐ **Urgent:** Urgent means there is imminent risk to the member's health if service is not received within 72 hours. This box should not be used for scheduling conveniences.

GHC-SCW CARE MANAGEMENT RESERVES THE RIGHT TO CHANGE REFERRAL TYPE SHOULD REQUEST NOT MATCH DEFINITIONS LISTED ABOVE

PLEASE COMPLETE ALL OF THE FOLLOWING INFORMATION

PATIENT INFORMATION	
NAME	DATE OF BIRTH
ADDRESS	MEMBER NUMBER
CITY/STATE	ZIP

REFERRED BY PROVIDER	REFERRED TO FACILITY/PR
ORDERING PROVIDER'S NAME	FACILITY
PROVIDER'S ADDRESS	FACILITY ADDRESS
CITY/STATE/ZIP	CITY/STATE/ZIP
PROVIDER'S NPI #: FORM SUBMITTED BY: REFERRING PROVIDER PHONE #: REFERRING PROVIDER FAX #: ☐ Patient's Request	FACILITY NPI ID# FACILITY PHONE #: FACILITY FAX #: FACILITY TAX ID #

SERVICES REQUESTED (Supporting clinical documentation MUST accompany this request)

☐ Consult Only ☐ DME (Durable Medical Equipment) ☐ Inpatient Services ☐ Outpatient Surgical Services ☐ MRI/PET/CT ☐ Infusion/Injectable ☐ Home Care/Hospice ☐ Inpatient SNF ☐ Lab ☐ Diagnostics ☐ Other _____	
DIAGNOSIS CODE: DIAGNOSIS DESCRIPTION:	PROCEDURE CODE: PROCEDURE DESCRIPTION:
# Of Visits _____ Frequency _____	DATE(S) OF SERVICE:
COMMENTS:	

A referral is not a guarantee of eligibility or benefits under the member's health plan. Payment will be made in accordance with the member's plan benefits at the time the service is rendered. Please call Member Services at (800) 605-4327 if you have questions about benefits. Retrospective requests will not be accepted.

Prior Authorization and Clinical Information Fax Number: (608) 831-6099