FRESNO PACE
BY INNOVATIVE INTEGRATED HEALTH

2042 Kern Street • Fresno, CA 93721
PHONE (559) 400-6420 • FAX (855) 779-9584

REQUEST FOR PRIOR AUTHORIZATION

PATIENT INFORMATION

PATIENT NAME: _____ **DATE OF BIRTH:** _____
(LAST, FIRST, MI) (MO/DAY/YR)

PACE I.D.#: _____ **GENDER:** ☐ M ☐ F

SERVICES REQUIRING PRIOR AUTHORIZATION (PLEASE CHECK REQUESTED SERVICE)

- ☐ **Cardiac Testing** (Echo, Stress Test-Treadmill, Holter, Carotid US, Nuclear Study, Stress ABI, etc.)
- ☐ **Colonoscopy; EGD**
- ☐ **Dental Procedure** (Implants, Bridges, Crowns, etc.)
- ☐ **Dermatology Procedures**
- ☐ **DME Purchase over $100**
- ☐ **DEXA Scan**
- ☐ **Genetic Testing**
- ☐ **Infusions - Ambulatory**
- ☐ **Injections: Self-injectables; In-office injectable**
- ☐ **MRI, MRA, CT & Pet Scans**
- ☐ **Obesity Surgery**
- ☐ **Out-of-Plan Provider**
- ☐ **Pulmonary Function Tests (PFT)**
- ☐ **Thyroid US and Biopsy**
- ☐ **Sleep Studies**

TYPE OF REQUEST

- ☐ **URGENT for acute conditions requiring care within 72 hours or less.**
- ☐ **NON-URGENT for routine, elective service**

TYPE OF SERVICE

- ☐ **Inpatient**
- ☐ **Outpatient**
- ☐ **2nd Opinion Consult**
- ☐ **Consult**
- ☐ **Consult and Treat**
- ☐ **Other**

FROM - REQUESTING PHYSICIAN

Provider:	**Tax I.D.#:**
Contact Person:	**Phone Number:**
Physician's Signature:	**Date:**

REFERRED TO:

SPECIALIST NAME (PRINT)	**PHONE#**	**FAX**
ADDRESS		

CLINICAL INFORMATION

ICD-10 Codes (required)	**Diagnosis Description:**	
CPT/HCPC Codes (required)	**CPT Description:**	**Quantity Req.:**
Comments:		

ATTACH APPROPRIATE MEDICAL RECORDS TO EXPEDITE REFERRAL:

- ☐ **PROGRESS NOTES**
- ☐ **CONSULTANT'S NOTES**
- ☐ **NOTES WITH SPECIFIC FINDINGS**
- ☐ **EKG**
- ☐ **LAB REPORT**
- ☐ **X-RAY REPORT**
- ☐ **IMAGING STUDY REPORT**
- ☐ **MEDICATIONS LIST**
- ☐ **CARDIAC RELATED STUDIES**
- ☐ **IMMUNIZATION RECORD**
- ☐ **OTHER** _____

FAX COPY TO (855) 779-9584

Authorization is not guarantee of payment. Payment is dependent upon eligibility and covered benefits at the time services are rendered.