



MedStar Select

Precertification Request for Authorization of Facility Based Services

To: Attention: Clinical Operations
 MedStar Select Plan
 600 Grant Street, 24th Floor
 Pittsburgh, PA 15219
 Phone: 1-855-242-4875
 Fax: 1-855-431-8762

Utilization Management Program Administered by Evolent Health

INSTRUCTIONS: Please complete all fields to ensure a timely response and to avoid a delay of authorization.

Please fax this request to 855.431.8762.

REQUEST FROM: Doctor's Office Hospital

Requestor Name:		Date:	
Telephone Number:		Fax Number:	
Participating Provider Number (under which you bill claims, Tax ID):			
Patient's Name:		Date of Birth:	
Patient's ID Number:		Group Number:	
Address:		Telephone Number:	
City:	State:	Zip Code:	
Date(s) of Service or Admit Date(s):			
Place of Service: <input type="checkbox"/> Inpatient Facility <input type="checkbox"/> Outpatient Facility <input type="checkbox"/> Emergency Room Admit <input type="checkbox"/> Physician Office (check one)			
Admitting/Treating Physician's Office:		Telephone Number:	
Physician's Address:			
Diagnosis Code(s) (ICD-9):			
Procedure Code(s) (CPT-4):			
Hospital/Facility:		Telephone Number:	
Hospital/Facility Address:			
Comments:			

Attach any additional documentation such as progress notes, labs, or consultation reports for review.

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MedStar Select contracts with Evolent Health to provide health plan administrative services.