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: ☐ Inpatient Facility ☐ Outpatient Facility ☐ Emergency Room Admit ☐ Physician (check one) Office	
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.

evolent HEALTH

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