Out-of-Area INPATIENT Precertification Fax Form
Phone No. (915) 532-3778
Toll Free No. (877) 532-3778

NOTE: All services requiring pre-certification (other than on an emergency basis) must be approved in advance by a HMO Medical Director/designee. Pre-certification is subject to all terms and conditions of the Health Service Contract and is only valid for eligible health plan member at time of service.

PLEASE FAX INITIAL CLINICAL INFORMATION WITHIN 24 HOURS OF ADMISSION TO THE UM UNIT AT 915-298-5278 OR TOLL FREE AT 844-200-5278, FAILURE TO DO SO MAY RESULT IN DELAY OR DENIAL OF AUTHORIZATION. EL PASO HEALTH REQUESTS SUBSEQUENT CLINICALINFORMATION EVERY OTHER DAY.

FACILITY NAME: _____

FACILITY ADDRESS: _____

_____ **City** _____ **State** _____ **Zip Code**

TPI #: _____ **NPI #** _____

CONTACT PERSON: _____

PHONE: _____ **FAX:** _____

PROCEDURE CODES (CPT CODE): _____

IF PATIENT IS TRANSFER, FROM WHAT FACILITY: _____

WHAT HOSPITAL UNIT IS PATIENT BEING TRANSFERRED TO _____

PATIENT ARRIVED BY: ☐ **AIR AMBULANCE** ☐ **LAND AMBULANCE** ☐ **PRIVATE TRANSPORT** ☐ **OTHER**

OTHER INSURANCE: _____ ☐ **SSI**

MEMBER NAME: _____ **MEMBER I.D.:** _____

DOB: _____ **MR #** _____ **ACCT #** _____

ADMIT DATE: _____ **RM #** _____ **UNIT:** _____ **DISCHARGE DATE (if applicable):** _____

ADMITTING PHYSICIAN: _____ **ADMITTING DIAGNOSIS (ICD-9):** _____

OTHER DIAGNOSIS (ICD Code): _____

ADMITTING Physician's Name: _____

TPI #: _____ **NPI #** _____

CONTACT PERSON: _____

PHONE: _____ **FAX:** _____

PROCEDURE CODES (CPT CODE): _____ **TYPE OF SERVICE:** _____

SURGEON'S Name: _____

TPI #: _____ **NPI #** _____

CONTACT PERSON: _____

PHONE: _____ **FAX:** _____

PROCEDURE CODES (CPT CODE): _____ **TYPE OF SERVICE:** _____

OTHER Physician's Name: _____

TPI #: _____ **NPI #** _____

CONTACT PERSON: _____

PHONE: _____ **FAX:** _____

PROCEDURE CODES (CPT CODE): _____ **TYPE OF SERVICE:** _____

THIS PRECERTIFICATION DOES NOT GUARANTEE PAYMENT OF BENEFITS NOR VERIFY ELIGIBILITY. PAYMENT OF BENEFITS IS SUBJECT TO ALL TERMS, CONDITIONS, LIMITATIONS AND EXCLUSIONS OF THE MEMBER'S CONTRACT. REGARDLESS OF A DETERMINATION, MEDICAL, DECISIONS REGARDING A COURSE OF TREATMENT ARE SOLELY BETWEEN THE PHYSICIAN AND THE PATIENT.