PRIOR AUTHORIZATION FORM

Vista360health	**Vista360health Prior Authorization Form** **CCM PHONE: 512-420-2777** **CCM FAX: 512-420-2798 1-866-272-2542**	**Referral Type:** □ Routine (Process in 48 hours) □ Urgent (Process in 24 hours)

***Request Date:**		***Submitted by:**		***Phone #:**		***Fax:**	
***Patient Name:**							
***DOB:**		***Patient's ID Number:**					
Patient's Address:		**City:**		**State:**		**Zip:**	
***PCP or Requesting Provider:**		**Req. Provider Federal Tax ID#:**					
***Requested Specialist or Service:**		***Req. # of visits:**					
***Diagnosis & ICD- 10 Codes:**		**LMP:**		**EDC:**			

FOR SURGICAL OR IMAGING REQUESTS

***Name of Facility:**		***Proposed Date of Service:**	
***Description of Procedure & CPT or HCPCS(s) Codes:**			

***Reason for referral (please attach pertinent clinical/progress notes or provide clinical narrative, including duration of problem, types of treatment, pertinent physical findings, pertinent testing results):**

Pre-admission diagnostic work-ups, including lab, imaging and/or supporting specialty consultations:

***Pertinent Medical Records faxed:**	☐ **YES**	☐ **NO**	☐ **NA**

Coordination of Benefits (Other Insurance)

***Workman's Compensation:**	☐ **YES**	☐ **NO**	***MVA Subrogation :**	☐ **YES**	☐ **NO**	**Date of Injury:**	
***Other Insurance Coverage**	☐ **YES**	☐ **NO**	**Name of Insurance:**		**Subscriber Name and ID #**		

TO BE COMPLETED BY Vista360health CLINICAL CARE MANAGEMENT SERVICES

Authorization Number:		**Authorization Dates:**	
Number of Visits:		**Services Approved:**	

Comments/Questions:

*** In order to process request all required fields must be completed**

This authorization is not a guarantee that services will be covered or payment will be made. All medical services rendered are subject to review, which includes but is not limited to, determination of eligibility in accordance with the terms of the member's benefit plan, any deductibles, co-payments, reasonable and customary charges and policy maximums.

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Prior Authorization Form Vista360health accepts the Texas Standard Prior Authorization Request Form in lieu of the Vista360health Prior Authorization Form. Or a Vista360health prior authorization form is available on the provider portal.