



Precertification/Referral Request form

Today's date:		Provider return fax:	
Member information (please verify eligibility prior to rendering service)			
Name (<i>last name, first name</i>):		Anthem Blue Cross (Anthem) ID:	DOB:
Address:		City, State ZIP:	
Cal MediConnect Plan ID:		Other insurance/workers' comp:	
Referring provider information			
Name:		Office contact name:	
Cal MediConnect Plan provider ID:		Anthem provider ID:	
Group practice:		NPI:	
Phone:	Fax:	Other phone:	
Specialist consult			
Consultant: (<i>last name, first name, provider specialty</i>)			
Anthem provider ID:	NPI:	Phone:	Fax:
Address:		City, State ZIP:	
ICD-10 code/diagnosis/reason for referral:			
Previous medical history/previous studies/treatment:			
Number of visits requested:			
Maternity care			
For initial notification of pregnancy, please use the <i>Maternity Notification</i> form. For all other services related to pregnancy, please use this form (for example, ultrasound, fetal nonstress test).			
Diagnostic study			
Facility name:		Date of service:	
Diagnosis/reason for referral:			
Procedure/CPT-4 code:			
Previous medical history/previous studies/treatments:			
Surgery request			
Surgeon's full name (<i>last name, first name</i>):			
Date of service:	<input type="checkbox"/> Inpatient	<input type="checkbox"/> Outpatient	<input type="checkbox"/> Extended stay
Facility name:			
Diagnosis/reason for surgery:			
Procedure/CPT-4 code:			
Previous medical history/previous studies/treatments:			

(Continued on next page)

Important note: You are not permitted to use or disclose Protected Health Information about individuals who you are not currently treating or are not enrolled to your practice. This applies to Protected Health Information accessible in any online tool, sent in any medium including mail, email, fax or other electronic transmission.

<https://mediproviders.anthem.com/ca>

Anthem Blue Cross Cal MediConnect Plan is a health plan that contracts with both Medicare and Medi-Cal to provide benefits of both programs to enrollees. Anthem Blue Cross is the trade name of Blue Cross of California. Anthem Blue Cross and Blue Cross of California Partnership Plan, Inc. are independent licensees of the Blue Cross Association. ANTHEM is a registered trademark of Anthem Insurance Companies, Inc. The Blue Cross name and symbol are registered marks of the Blue Cross Association.
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Other — clinical information needed		
<input type="checkbox"/> Durable medical equipment	<input type="checkbox"/> Home Health	<input type="checkbox"/> Hospice
<input type="checkbox"/> OT/PT/ST/audiology/hearing aids	<input type="checkbox"/> Other	
Referred to provider: <i>(last name, first name)</i>	Anthem provider ID:	NPI:
Diagnosis/reason for referral:		
Procedure/CPT-4 code:		
Previous medical history/previous studies/treatments:		
Select services: Part A <input type="checkbox"/> or Part B <input type="checkbox"/>		
Place of service:	<input type="checkbox"/> Office	<input type="checkbox"/> Home
	<input type="checkbox"/> Inpatient hospital	<input type="checkbox"/> Skilled Nursing Facility
		<input type="checkbox"/> Outpatient hospital
		<input type="checkbox"/> Other
Please attach clinical information to support medical necessity: This referral is valid only for services authorized by this form. Only completed referrals will be processed. If the consultant or provider recommends another service or surgery, additional authorization is required. Certification does not guarantee that benefits will be paid. Payment of claims is subject to eligibility, contractual limitations, provisions and exclusions.		
To be completed by Anthem:	Date approved:	
Date span:	Reference #:	Initials of approver:

Phone: **1-855-817-5786**

Fax: **1-866-959-1537**