

CenCal Health and CenCal CareConnect (HMO D-SNP) Authorization Request Form*

*THIS FORM DOES NOT PERTAIN TO MEDICARE PART D.

URGENT/EXPEDITED** ROUTINE RETROSPECTIVE (Services Already Completed)

For a CenCal Health Medi-Cal member: Fax 1-805-681-3071 or send via secure link: <https://gateway.cencalhealth.org/form/hs>

For a CenCal CareConnect member: Fax 1-805-681-8265 or send via secure link: <https://gateway.cencalhealth.org/form/dsnp>

For CenCal Health Pharmacy Medicare (Part B) Drugs: Fax 1-805-681-8262 or send via secure link: <https://gateway.cencalhealth.org/form/pharmacy>

FOR MEMBERS, OUR MAILING ADDRESS IS: CenCal Health, 4050 Calle Real, Santa Barbara, CA 93110.

IN ORDER TO PROCESS YOUR REQUEST, THIS FORM MUST BE COMPLETE AND LEGIBLE.

TO PREVENT DELAYS, PLEASE FAX ALL MEDICAL DOCUMENTS TO SUPPORT YOUR REQUEST WITH THIS FORM.

****By submitting an urgent/expedited request, you confirm that this request meets the required criteria.**

URGENT/EXPEDITED is only when a standard time frame for authorization will be detrimental to patient's life or health; jeopardize patient's ability to regain maximum function; or result in loss of life, limb, or other major bodily function.

Urgent requests are processed within 72 hours, and urgent Medicare Part B drug requests within 24 hours.

PATIENT INFORMATION

Patient Name:
Last First

Member ID#: DOB: Age:

Diagnosis: ICD-10:

NEW REFERRAL AUTHORIZATION

Referring Provider:

MD NPI#: Group NPI#:

Address:

Office Contact:

Phone: Fax:

Is the Referring Provider the PCP? YES NO

Provider Rendering Service (Physician, Facility, Vendor):

MD NPI#: Group NPI#:

Address:

Office Contact:

Phone: Fax:

Is the Rendering Provider CCS Paneled? YES NO

FACILITY AUTHORIZATION REQUEST

Inpatient Facility Outpatient Facility SNF Estimated Length of Stay:

Date of Services: Through Date:

Facility NPI: Facility Address:

Office Contact: Phone: Fax:

For Inpatient/Skilled Nursing: Please provide **BED LEVEL OF CARE:**

