

How to Read Your Referral Determination Form

Prime Healthcare Services **1**

Referral Determination Form

Prime UM Review Determination:

3480 East Guasti Rd, Ontario, CA 91761

Phone (877) 234-5227

Fax (909) 235-4414

Patient Information

Patient Name : **2**
Address : **3**
Payer ID : **4**
PCP Name : **5**

DOB : **6**
Home Phone : **7**
Patient ID : **8**
Plan ID : **9**
PCP NPI : **10**

Authorized Service Provider

Name : **11**
Address : **12**
Tax ID : **13**

Specialty : **14**
Phone : **15**
Fax : **16**

Clinical Information

Primary Symptom : **17**
Secondary Symptom :

Authorized Services

18

Qty

19

Requested Date of Service

20

Notes : Redirected back into Tier1Network : Services are available within the Tier 1 Network.

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Tracking# : **22**
Authorized Provider : **23**
Requesting Provider : **24**

Valid From : **25**
Valid To : **26**
Requesting Provider Ph# : **27**
Requesting Provider Fax# : **28**

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- Eligibility and Co-payments must be verified at the time of service. This is not a guarantee of payment.
- This authorization is for the services/CPT codes listed and authorized only. Additional services require prior authorization.
- This authorization is for the "AUTHORIZED SERVICE PROVIDER" only.
- If there is additional or new clinical information, that can change the determination, please fax the information to 909-235-4414.
- Claim Appeals – Providers and Members should submit appeal request along with supporting clinical documentation using the designated form available on our website @ <https://www.primehealthcare.com/Careers/Employee-Health-Plan.aspx>
- Members should speak with their referring provider to request a dispute be submitted on their behalf or refer to our website.
- Any assistant in surgical cases must be a provider contracted with Prime Healthcare or obtain a Prior Authorization from Prime Utilization Management team and will be reimbursed at Prime Contracted rate or 100% of applicable Medicare Fee Schedule.
- Call Prime Customer Service for Referral related questions 877-234-5227, option # 4. **30**
- Call Keenan Customer service for all other medical benefit questions 888-773-7219 **31**

How to Read Your Referral Determination Form (Continued)

- 1. Prime UM Review Determination:** The determination of the referral submitted.
- 2. Patient Name:** Person whom authorization has been submitted for.
- 3. Address:** Patients Address
- 4. Payer ID:** Auto Default to Prime Health care.
- 5. PCP Name:** Member Primary Care Physician if available will say "on file"
- 6. DOB:** Patients Date of Birth
- 7. Home Phone:** Patients Phone Number
- 8. Patient ID:** Patients Member ID Number.
- 9. Plan ID:** Left Blank
- 10. PCP NPI:** Left Blank
- 11. Name:** Referred to provider/facility name.
- 12. Address:** Referred to provider/facility address.
- 13. Tax ID:** Referred to provider/facility Tax ID. May be blank.
- 14. Specialty:** Referred to provider/facility specialty.
- 15. Phone Number:** Referred to provider/facility phone number.
- 16. Fax Number:** Referred to provider/facility fax number.
- 17. Primary/Secondary Symptoms:** Members Diagnosis codes and code description.
- 18. Authorized Services:** CPT Codes requested and code description.
- 19. Quantity:** Quantity requested for the CPT Codes.
- 20. Requested Date of Service:** Dates requested by provider for services. This will default to the 90-day period of the request if no date is provided.
- 21. Notes:** Notes left by the UR Departments regarding members authorization.
- 22. Tracking #:** Authorization Number.
- 23. Authorized Provider:** Referred to provider/facility.
- 24. Requesting Provider:** Referring Provider.
- 25. Valid From:** Authorization Start Date.
- 26. Valid To:** Authorization End Date.
- 27. Requesting Provider Ph#:** Referring providers phone number.
- 28. Requesting Provider Fax#:** Referring providers fax number.
- 29. Important Plan Disclosures**
- 30. Prime Customer Service:** Where provider/Member can call to check authorization information.
- 31. Keenan Customer Service** Where provider/Member can call to check eligibility and benefits information.