ORTHUS HEALTH

Pre-Certification Form

Complete all fields. Print form, attach all supporting clinical documentation to support your request, and fax to 1-866-252-8232

New requests - up to 2 business days to process; retroactive requests up to 15 business days

Submission Date:_____/_____/_____ **Total number of pages faxed (including cover page)**_____

Patient Information:

Name:_____ Insurance Provider:_____

Date of Birth:_____/_____/_____ Employer Name: _____

Admitting/Ordering MD

Name:_____

Tax ID/NPI:_____

☐ In Network ☐ Out of Network

Contact Information

Contact Name:_____

Contact Phone Number:_____

Contact Fax Number:_____

Facility/Provider of Service

Name:_____

Tax ID/NPI:_____

☐ In Network ☐ Out of Network

Contact Information

Contact Name:_____

Contact Phone Number:_____

Contact Fax Number:_____

Diagnosis Codes:_____

Diagnosis:

_____

CPT or Supply Codes:_____

Procedure / Surgery / DME / Admission / Services being provided:

_____

Date of Admission OR Start Date of Service

_____/_____/_____

Date of Discharge OR End Date of Service

_____/_____/_____

☐ Inpatient ☐ Outpatient / 24-hour observation

For Orthus Health Use Only

Date Received:_____/_____/_____ Criteria:_____

Orthus Health Approved: ☐ Yes ☐ No Date Approved:_____/_____/_____

Date Response Sent: _____/_____/_____ Orthus Health Representative Signature:_____

NOTE:

- Payment is subject to member eligibility, network, and coverage at time of service. Authorization does not guarantee payment
- To appeal this decision, change surgery date, or change planned surgical procedure, call 1-800-550-2427
- **IF YOU DO NOT RECEIVE A RESPONSE WITHIN 2 BUSINESS DAYS, CALL1-800-550-2427**

Orthus Health • 401 Harrison Oaks Blvd, Suite 120, Cary NC 27513
Phone: 1-800-550-2427 • Fax: 1-866-252-8232