

Completion of all fields is required.

URGENT REQUEST

Per health care reform, urgent means medical care or treatment where using the timetable for a non-urgent care determination could seriously jeopardize the patient's life/health, or the patient's ability to regain maximum function or in the opinion of the attending or consulting physician, would subject the patient to severe pain that could not be adequately managed without the requested care or treatment.

Medical Management Department
Fax 217-337-8440
 Pharmacy Department
Fax 217-255-4598



REQUEST FORM

MEDICAL RECORDS MUST ACCOMPANY ALL REQUESTS

Section 1—To be completed for **ALL** requests. Please print clearly. Incomplete or illegible information will delay the review process.

Reason for Request:

Not Available in Network Unable to Schedule in Timely Manner

Other [please specify] _____

Date _____

Patient Name _____

Patient Health Alliance ID Number _____

Patient Birthdate _____

Requesting Physician's Name _____

()
Requesting Physician's Phone Number _____

()
Requesting Physician's Fax Number _____

Diagnosis Code: _____ Diagnosis: _____

Procedure Code: _____ Procedure: _____

Facility _____ Practitioner _____ () ()
Provider Phone Number Provider Fax Number

Physician Signature _____ Date _____

Tertiary/Out-of-Network Referrals

Referred to: _____
Physician Facility

Physician Phone Number () Physician Fax Number ()

Service Reason:

Consult Consult and Treatment

Visits: _____ Length of Referral: _____

The patient has been encouraged to contact Health Alliance to verify coverage for visiting this provider.

Physician Signature _____ Date _____

Pharmacy Medical Exception/Rx Preauthorization (Fax to 217-255-4598)

Drug Requested Strength Diagnosis

List [1] Therapy failure on formulary drugs in the same therapeutic/disease class, [2] Why failed, and [3] Medical rationale for request.

1) _____

2) _____

3) _____

Physician Signature _____ Date _____