

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.

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



REQUEST FORM

MEDICAL RECORDS MUST ACCOMPANY ALL REQUESTS

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

Date

Patient Name

Patient Health Alliance ID Number

Patient Birthdate

Requesting Physician's Name and NPI

() _____
Requesting Physician's Phone Number

() _____
Requesting Physician's Fax Number

Diagnosis Code: _____ Diagnosis: _____

Procedure Code: _____ Procedure: _____

Inpatient Procedure (services provided may result in admission) Anticipated Length of Hospital Stay _____

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: _____

Reason for Request:

Not Available in Network Unable to Schedule in Timely Manner Member Request

Other [please specify] _____

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