



Precertification FAX Request Form - CONFIDENTIAL

To submit a Precertification request, please complete the following information and fax all related clinical information to support the medical necessity of this request to AmeriBen Medical Management:

URGENT/ STAT REQUEST(s) must be called into Medical Management:

Employer Group	Phone Number for Urgent Requests	Fax Number
Academy Sports + Outdoors	855-778-9046	888-283-2821
AK-Chin Indian Community	855-240-3693	855-501-3685
Allegiant Travel Company	877-867-7605	855-809-9500
Alsco	855-778-9047	855-836-3884
Alpha Media	877-955-1570	866-748-6574
Arizona Pipeline	855-240-3699	855-667-4147
Avalon	866-504-6812	866-236-2578
Beverly Hills Hotel	855-955-1561	866-748-6566
Casella Waste Management	855-240-3701	855-667-4148
Cash Magic (Jacobs Entertainment)	877-867-7607	855-801-9727
Central Arizona Project	855-240-3697	855-504-1984
CHG	855-258-6451	866-236-2574
City of Colorado Springs	855-778-9052	855-361-5722
City of Sierra Vista	855-655-6229	866-236-2576
Cochise Combine Trust	855-240-3698	855-667-4149
CRH Americas	855-822-8309	866-236-2577
Customer Engineering Services	866-504-6815	866-344-8038
DCP Midstream	855-778-9045	855-361-5723
Energy Transfer Partners (ETP)	800-920-7236	866-863-6524
Family Health Centers	855-439-0611	855-401-8598
Five Rivers	855-822-8315	866-236-2582
Frontier Behavioral Health	877-867-7604	855-802-3524
JBS	855-407-2657	877-921-1547
JBS Narrow Networks	877-955-1556	866-748-6569
JUB Engineers Inc	866-955-1490	866-748-6573
New Belgium Brewing	866-955-1495	855-809-8303
Newell Brands	855-670-6453	866-236-2575
Paramedics Plus	866-955-1481	866-236-2580
Sportsman's Warehouse	855-240-3696	855-504-1980
TECK American	855-240-3692	855-501-3683
Tuba City	877-955-1480	866-236-2581
Westmoreland Coal	877-635-2908	855-809-7435
Woodforest Bank	855-639-8674	866-748-6572
Yavapai Regional Medical Center	855-850-8104	855-836-3886
All Other Plans	800-388-3193	877-955-3548



Section 1 - Member Demographics

Date Request Submitted: _____ by: Provider/Physician Facility
Patient Name: _____ DOB: _____ Gender: M / F
Address: _____
Patient ID Number: _____ Patient Phone: _____
Employee Name: _____ Employer Name: _____
 See Attached Face Sheet for Demographics

Section 2 – Service Information

Requesting Provider: _____ Tax ID: _____ NPI _____
Address: _____
Phone Number: _____ Fax Number: _____
 In Network Provider Out of Network Provider

Please provide direct line or extension for Contact Person to facilitate call back with certification number:
Provider Contact Person: _____ Phone Number: _____

Facility Rendering Care: _____ Tax ID: _____ NPI _____
Address: _____
Phone Number: _____ Fax Number: _____
Facility Contact Person: _____ Phone Number: _____
 In Network Facility Out of Network Facility

Diagnosis Code/ICD 9 or 10(s): _____
Procedure/CPT Code(s) and number of units requesting for each code: _____

Requested Date(s) of Service: _____
 Outpatient Inpatient If inpatient: ER Admit Direct Admit

For Behavioral Health Services: ___ Mental Health ___ Substance Abuse
Level of Care: ___ Inpatient ___ Residential ___ PHP ___ IOP ___ Outpatient ___ In Office
If request is for PHP or IOP, please provide how many days a week patient is anticipated to attend program and specific days requested: _____

Is treatment mandated by a 3rd Party: ___ No ___ Yes If yes, please explain: _____

Certification is for medical necessity only and does not guarantee payment.
Please contact Customer Care 1-800-786-7930 to verify benefits, eligibility, network status and any issues with claims. The Precertification process can take up to 72 hours.
Provider will be notified of determination by call or fax, followed by a mailed notification letter.