



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 |
| AlSCO Inc | 855-778-9047 | 855-836-3884 |
| Alpha Media LLC | 877-955-1570 | 866-748-6574 |
| Amkor | 855-822-8314 | 866-748-6571 |
| Arizona Pipeline | 855-240-3699 | 855-667-4147 |
| Avalon Healthcare Group | 866-504-6812 | 866-236-2578 |
| Casella Waste Systems, Inc. | 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 Companies Inc | 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 |
| CTI Foods | 833-951-1370 | 833-727-0686 |
| Customer Engineering Services | 866-504-6815 | 866-344-8038 |
| DGP Midstream | 855-778-9045 | 855-361-5723 |
| Ed Voyles Automotive Group | 877-635-2917 | 833-727-0683 |
| 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 |
| Georgia Baptist Mission Board | 855-258-2603 | 833-730-7960 |
| Kings Hawaiian | 877-635-2914 | 855-809-9502 |
| JBS | 855-407-2657 | 877-921-1547 |
| JBS Narrow Networks | 877-955-1556 | 866-748-6569 |
| Josten's Inc | 877-867-7606 | 855-809-8967 |
| JUB Engineers Inc | 866-955-1490 | 866-748-6573 |
| Lazor Spot | 877-955-1548 | 866-748-6568 |
| Monterey Mushrooms | 855-226-6463 | 833-727-0687 |
| New Belgium Brewing | 866-955-1495 | 855-809-8303 |
| Newell Brands | 855-670-6453 | 866-236-2575 |
| Paramedics Logistics Oper. Comp. | 866-955-1481 | 866-236-2580 |
| Polymer Process Holdings | 800-393-8036 | 833-727-0684 |
| Radiology Partners | 833-951-1377 | 833-730-7957 |
| Tolmar | 833-951-1382 | 833-730-7958 |
| Sportsman's Warehouse | 855-240-3696 | 855-504-1980 |
| TECK American | 855-240-3692 | 855-501-3683 |
| Tuba City Regional Healthcare | 877-955-1480 | 866-236-2581 |
| Westmoreland Mining | 855-778-9048 | 855-809-9947 |
| Woodforest Financial Group, Inc | 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.