



## 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 Metropolitan Trust	855-778-9053	833-730-7961
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
DCP Midstream	855-778-9045	855-361-5723
Ed Voyles Automotive Group	877-635-2917	833-727-0683
Energy Transfer	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 3<sup>rd</sup> 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.**