



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:

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

Employer Group	Phone Number	Fax Number
AAA Oregon/Idaho	877-379-4839	877-253-9553
Academy Sports	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	877-955-1570	866-748-6574
Amkor Technologies	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
Borderland Construction	877-379-4838	877-254-1954
Carters	888-921-0365	844-284-4080
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
Cimarex Energy Co.	877-379-4837	877-254-5550
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
CommuniCare Health Services, LLC	866-438-0148	844-286-4288
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 LP	800-920-7236	866-863-6524
Envision Healthcare	866-438-0183	877-250-4763
Family Health Centers	855-439-0611	855-401-8598
Five Rivers Cattle Feeding	855-822-8315	866-236-2582
Frontier Behavioral Health	877-867-7604	855-802-3524
Georgia Baptist Convention	855-258-2603	833-730-7960
GKN Aerospace, Automotive & Powder Metallurgy	888-921-0373	844-286-4284
Home Depot	866-955-1491	888-280-9128
Jadex, Inc	800-393-8036	833-727-0684
JBS USA	855-407-2657	877-921-1547
JBS Narrow Networks	877-955-1556	866-748-6569
Jostens	877-867-7606	855-809-8967
JUB Engineers Inc	866-955-1490	866-748-6573
Kings Hawaiian	877-635-2914	855-809-9502
La Posada at Parl Centre	877-379-4836	877-254-6960
Lazor Spot	877-955-1548	866-748-6568
Liberty Steel	866-438-0152	844-294-2988
Logan Aluminum	866-438-0184	877-250-7707
Mascoma Bank	866-438-0190	844-286-6848
Mesa County	855-240-3694	877-425-1420
Monterey Mushrooms	855-226-6463	833-727-0687
Nevada Gold Mines	888-921-0358	844-277-2748
New Belgium Brewing	866-955-1495	855-809-8303
Newell Brands	855-670-6453	866-236-2575



North Slope Borough School Dist.	877-379-4840	877-253-7050
OB Sports Gold Management, LLC	877-379-4835	877-254-7090
Orion Health Insurance Pool	877-379-4841	877-252-3940
PatientCare	866-955-1481	866-236-2580
Radiology Partners	833-951-1377	833-730-7957
Salt River Pima Maricopa Indian Comm.	877-379-4834	877-424-4833
Sportsman's Warehouse	855-240-3696	855-504-1980
Teck American	855-240-3692	855-501-3683
Tolmar, Inc	833-951-1382	833-730-7958
Tuba City Regional Healthcare	877-955-1480	866-236-2581
US Ecology	888-921-0364	844-282-7824
US LBM Holdings, LLC	866-438-0188	877-250-6024
Wayne Farms	888-921-0361	844-276-6999
Westmoreland Mining, LLC	855-778-9048	855-809-9947
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



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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: _____

Cost of item or Service if DME, Injections or Medications: \$ _____
Requested Date(s) of Service or date range: _____
 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 at 1-800-786-7930
to verify benefits, eligibility, network status and any issues with claims.
Providers will be notified of determination by call or fax, followed by a mailed notification letter.