SmartHealth

EPO Plan - Referral Request Form

(Service not available in Ascension network)
Must be submitted by an Ascension Network Provider

Fax to 586-693-4768

Ascension

Ascension Insurance Utilization Management Gateway

Please be aware that you may submit all prior authorization requests, view authorization status and authorization determination letters via our interactive provider portal (24/7 - 365 days/year).

For questions about utilization review or prior authorization process, please contact Ascension Insurance Utilization Management Gateway at: 1-844-217-8191.

EPO Plan Referral

Request Date: ____ /_____ /_____

Review Type: ☐ Service not available ☐ Appointment availability

MEMBER INFORMATION

Member Name: Last, First, Middle (*please PRINT*)

____

Address: ______________________________________

____

____

Date of Birth: _____ / _____ / _____

Member ID #: ____________________________________

Phone #: ____

Birth Sex: ☐ Male ☐ Female ☐ Unknown

Age: __________

Please enter Admission / Start date of Service:

____ / ____ / ____

REQUESTOR CONTACT INFORMATION

Requestor's Name: _________________________________

Phone #: ________________________________

Fax #: ________________________________

Place of Service:

☐ Home ☐ Inpatient ☐ Outpatient

☐ Physician Office ☐ Other ____________

Severity:

☐ Standard (non-urgent) ☐ Expedited/Urgent

☐ Other ____________

By checking the Expedited/Urgent box, you attest that applying the standard review timeframes may seriously jeopardize the member's life, health or ability to regain maximum function, or subject the member to severe pain that cannot be adequately managed.

ASCENSION NETWORK REFERRING PHYSICIAN / PROVIDER

Name: Last, First, Middle ________________________________

Address: ____

____

____

Specialty: ____

Phone #: ________________________________

Fax #: ________________________________

TIN #: ________________________________
(Required)

NPI #: ________________________________

Effective: 01/01/2024 v1

SmartHealth

Referral Request Form

(Service not available in Ascension network)

Must be submitted by an Ascension Network Provider

Fax to 586-693-4768

Ascension

Ascension Insurance Utilization Management Gateway

FACILITY/PROVIDER INFORMATION	PROCEDURE
Facility: ______	Primary Diagnosis: ______
Address: ______	Primary Diagnosis Code: ______
______	Procedure Code: ______
______	Description: ______
	Start Date: ____ / ____ / ____
Phone #: ______	End Date: ____ / ____ / ____
Fax # : ______	Units: ______
TIN #: ______ (Required)	☐ Days ☐ Units ☐ Visits (check one)

Clinical Summary Information- prior treatment history, current treatment plan and other pertinent information, etc.

SUPPORTING DOCUMENTATION

Only submit clinical information that supports the referral request for service(s) to determine medical necessity or specifically requested by Ascension Insurance Utilization Management Gateway.

Type of Review Request	Documentation
All Types of Referral Requests	Documentation not included in the referral request form that supports the medically necessity of the requested services.
Urgent Review Requests	Requests can only be submitted as urgent ***if applying the standard review time frames may seriously jeopardize the member's life, health or ability to regain maximum function, or subject the member to severe pain that cannot be adequately managed.***

Disclaimer Statement

Ascension Insurance Utilization Management Gateway certification determination does not guarantee payment for services. Eligibility for and payment of services are subject to all terms and conditions and limitations of the Summary Plan Description.

Requesting Provider Attestation Statement

I hereby attest that, as a healthcare services provider or provider's representative, an order for the above medical services has been received for the identified member. In addition, I attest that the treatment plan has been approved by the prescribing (ordering) physician.

Printed Name: ______

Signature: ______

Date: ______

UR/Referral Contact:
Call 1-844-217-8191
Effective: 01/01/2024 v1