



\*REQUIRED FIELDS

- STANDARD** (you will receive a determination within 5 days)       **URGENT** (you will receive a determination within 3 days)       **EMERGENCY** (you will receive a determination within 24 hours)

**PATIENT INFORMATION**

Last Name*:		First Name*:		Suffix:	MI:	Sex*: <input type="radio"/> M <input type="radio"/> F
Member ID*:	DOB*:	PCP*:		Other Health Coverage*: <input type="radio"/> No <input type="radio"/> Yes		
Street Address:			City/State/Zip:		Phone*:	

**SUBSCRIBER INFORMATION**

Last Name:	First Name:	Relationship to Patient:
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**PROVIDER INFORMATION**

Requesting Physician*:		NPI*:	Phone*:
Street Address:		City/State/Zip:	Fax*:
Provider Signature*:			Date*:

<b>Mark the Kern Legacy Health Plan that your patient is enrolled in*:</b>		<b>Type of Pre-Authorization Request:</b>	
<input type="radio"/> KERN LEGACY Share Select	<input type="radio"/> KERN LEGACY Network Plus	<input type="radio"/> Outpatient	<input type="radio"/> Observation <input type="radio"/> Inpatient <input type="radio"/> DME

**THERE IS NO OUT-OF-NETWORK BENEFIT. CARE WILL BE DIRECTED IN-NETWORK BY THE PLAN.**

REQUESTED PROVIDER (IF APPLICABLE):				
<b>DIALYSIS</b> <input type="radio"/> Central Bakersfield Dialysis <input type="radio"/> DaVita <input type="radio"/> Delano Kidney Center <input type="radio"/> North Bakersfield Dialysis <input type="radio"/> Total Renal  <b>DME</b> <input type="radio"/> Ashli <input type="radio"/> Byram <input type="radio"/> Lincare Inc <input type="radio"/> Mercy Plaza Respiratory <input type="radio"/> Right Healthcare  <b>HOME HEALTH</b> <input type="radio"/> Bakerfield Community <input type="radio"/> Compassionate Care <input type="radio"/> Optimal Home Health <input type="radio"/> Solace Home Health Care	<b>HOME INFUSION</b> <input type="radio"/> ICS (Home Infusion) <input type="radio"/> Option Care  <b>CHEMO/OTHER INFUSION</b> <input type="radio"/> AIS Cancer Center <input type="radio"/> Kern Medical  <b>PROSTHETICS &amp; ORTHOTICS</b> <input type="radio"/> Achilles <input type="radio"/> Bakersfield Prosthetics <input type="radio"/> Valley Institute of Prosth  <b>RADIOLOGY</b> <input type="radio"/> Kern Medical <input type="radio"/> Kern Radiology <input type="radio"/> Quest Imaging <input type="radio"/> Stockdale Radiology	<b>SPEECH THERAPY</b> <input type="radio"/> Affiliated Speech  <b>THERAPY <input type="radio"/> PT <input type="radio"/> OT</b> <input type="radio"/> Action PT <input type="radio"/> Active Life <input type="radio"/> Engage <input type="radio"/> Jacobo <input type="radio"/> Padilla PT <input type="radio"/> Pair & Marotta <input type="radio"/> Realign Fitness <input type="radio"/> Terrio  <b>HOSPITAL FACILITY</b> <input type="radio"/> Adventist Health - Bakersfield <input type="radio"/> Adventist Health - Delano Regional <input type="radio"/> Adventist Health - Specialty Hospital	<b>HOSPITAL FACILITY (CONT)</b> <input type="radio"/> Adventist Health Tehachapi Valley <input type="radio"/> Kern Medical <input type="radio"/> Kern Valley <input type="radio"/> Ridgecrest Regional <input type="radio"/> Valley Children's  <b>I/P PSYCH</b> <input type="radio"/> Bakersfield Behavioral <input type="radio"/> Good Samaritan <input type="radio"/> Kern Medical  <b>I/P SUBSTANCE ABUSE</b> <input type="radio"/> Bakersfield Behavioral <input type="radio"/> Good Samaritan  <b>I/P REHABILITATION</b> <input type="radio"/> Encompass Health	<b>INTENSIVE O/P PROGRAM</b> <input type="radio"/> Aspire <input type="radio"/> Bakersfield Behavioral <input type="radio"/> Good Samaritan <input type="radio"/> Pine Meadows  <b>SKILLED NURSING</b> <input type="radio"/> Kern River Nursing <input type="radio"/> Rehab Center of Bakersfield <input type="radio"/> San Joaquin Nursing <input type="radio"/> Shafter Nursing  <b>SURGERY CENTER</b> <input type="radio"/> _____  <b>OTHER NOT LISTED</b> <input type="radio"/> _____

DIAGNOSIS CODE(S)*:			
1.	2.	3.	4.

CPT, HCPC, REV CODE(S)*:					
1.		UNITS	4.		UNITS
2.		UNITS	5.		UNITS
3.		UNITS	6.		UNITS

Service Date(s):

**REASON FOR REQUEST** (include any symptoms and test information) Include any related documentation with this form

