



Precertification request

HealthKeepers Inc. prior authorization: **1-800-901-0020** Fax: **1-800-964-3627**

To prevent delay in processing your request, please fill out form in its entirety with all applicable information.

Today's date:

Provider return fax:

Member information

| | | |
|--------------------------------|----------------|--------------------------------|
| First name: | Last name: | HealthKeepers, Inc. member ID: |
| Address: | | City, State ZIP code: |
| DOB: | Contact Phone: | |
| Additional member information: | | |

Referring provider **Participating** **Nonparticipating**

| | | |
|----------------------|---------------|-----------------------|
| Full name: | | |
| NPI: | Provider ID: | Tax ID number (TIN): |
| Office contact name: | Office phone: | Office fax: |
| Address: | | City, State ZIP code: |
| Specialty: | | |

Servicing provider **Participating** **Nonparticipating**

| | | |
|----------------------|---------------|-----------------------|
| Full name: | | |
| NPI: | Provider ID: | TIN: |
| Office contact name: | Office phone: | Office fax: |
| Address: | | City, State ZIP code: |
| Specialty: | | |

Servicing facility **Participating** **Nonparticipating**

| | | |
|------------------------|-----------------|-----------------------|
| Name: | | |
| NPI: | Provider ID: | TIN: |
| Facility contact name: | Facility phone: | Facility fax: |
| Address: | | City, State ZIP code: |

Requested service (for type of service, check all that apply) **Date/date range of service:**

ICD-10 code(s): _____

CPT code(s) (include requested units): _____

Type of service: Outpatient Planned inpatient Emergent inpatient Skilled nursing facility
 Long-term services & supports/long-term care Home health
 Durable medical equipment Diagnostic study Hospice Office visit
 Personal care services Other: _____

Place of service: Hospital Ambulatory surgery center Office Home
 Independent lab Nursing facility Other: _____

Additional information: _____

Please submit all appropriate clinical information, provider contact information and any other required documents with this form to support your request. If this is a request for extension or modification of an existing authorization from Amerigroup, please provide the authorization number with your submission.

Emergent – use for ALL nonelective INPATIENT admissions only, when provider indicates that the admission was urgent, emergent or expedited (for admission on same day).

Urgent – use for OUTPATIENT services only, when provider indicates that the service is urgent, emergent or expedited.

www.anthem.com/vamedicaidoc