

Authorizations are based on medical necessity and covered services. Authorizations are contingent upon member's eligibility and are not a guarantee of payment. The provider is responsible for verifying member's eligibility on the date of service.

Member must be eligible on date of service and procedure must be a covered benefit.

REMAINING BALANCE MAY NOT BE BILLED TO THE PATIENT.

Please verify eligibility using one of the following methods:

1. Web: <https://connect.chcnetwork.org>

2. CHCN Customer Services: (510) 297-0220

TYPE OF REQUEST (please select only one):

REQUESTING PROVIDER

<p><u>Routine</u> Approval based on CHCN clinical review. CHCN has up to 5 business days to process routine requests.</p> <p><u>Urgent</u> Inappropriate use will be monitored. CHCN has up to 72 hours to process urgent requests for all lines of business.</p> <p><u>Retro</u> 30 Day limitation, approved on exception basis only. CHCN has up to 30 calendar days to process retro requests from the date of receipt of request.</p> <p><u>Modification</u> Request for existing authorized services. Please enter the <u>CHCN Auth Number</u> and the <u>Member information</u> below. Use a separate sheet to specify your changes or to attach additional supporting documentation.</p>	Name:		
	City:	State:	Zip:
	NPI #:		
	Phone:	Fax:	
If Mod, CHCN AUTH #:	Email:		

MEMBER

(For newborn services provide mother's information and check newborn fields below)

First Name:	Health Plan ID#:
Last Name:	Newborn? DOB:
Date of Birth:	Phone:
Address:	Other Insurance (i.e. Commercial, Medicare A, B):
City: State: Zip:	
PLACE OF SERVICE:	
Inpatient Outpatient Doctor's Office Ambulatory Surgical Center DME HHA	

AUTHORIZE TO

Name/Facility:	Phone:
Specialty/Dept:	Fax:
NPI #:	Address:
Anticipated Date of Service:	City: State: Zip:
Non-Contracted. Please give reason for out of network provider request:	

DIAGNOSES / SERVICE CODES

ICD-10 Code(s):											
CPT/HCPCS	Mod	Qty	CPT/HCPCS	Mod	Qty	CPT/HCPCS	Mod	Qty	CPT/HCPCS	Mod	Qty