



Three Rivers Medical Management Pre-cert Request
For

Lutheran Preferred/Three Rivers Preferred *and* Other PPO Networks
FAX to 260-435-6941 PHONE 888-773-0038 (toll-free) 260-435-7831 (local)

Request Date _____

Patient Name _____ Date of Birth _____

Address _____ Phone _____

Insurance/Network _____ Primary insurance YES ___ NO ___

Employer/Group# _____ / # _____

-

Subscriber Name _____ ID# _____

Procedure(s) _____ CPT Code _____

_____ CPT Code _____

Diagnosis(s) _____ DX Code _____

_____ DX Code _____

Facility _____ Date of Service _____

Inpatient _____ Outpatient _____ 23 Hr Obs _____ Therapy _____

Requesting Physician _____

Please call _____ at _____ # _____ ext _____

Or fax authorization to # _____ (FAX)

*****PLEASE ATTACH PERTINENT CLINICAL INFORMATION ON ALL PRECERT REQUESTS

=====

TRMM RESPONSE

Authorization # _____ Approved _____ Denied _____ Date/time faxed _____

Approved from _____ to _____ LOS _____ Approved by _____

Criteria used _____ Service authorized _____

Authorization Not Needed _____ by _____ date _____

Please fax clinical information _____ by _____ date _____

Contact Claim Administrator for Benefits _____

DISCLAIMER: This determination is for medical necessity ONLY and does not verify eligibility and/or benefit coverage. Refer to Claims Administrator or Summary Plan Description.