



Health Services Preauthorization Request Form for Non-participating Providers

A determination notice will be mailed and/or faxed to the requesting provider, facility, and patient.

- PacificSource responds to preauthorization requests within two (2) business days if received before 3:00 pm.
- Requests received after 3:00 p.m. are processed the next work day.
- Incomplete information will delay the preauthorization process.
- Please include pertinent chart notes to expedite this request.

Participating providers submit
online through InTouch,
PacificSource.com/aboutproviderintouch

Requesting Provider Contact Information

Contact person _____ Office name _____ Date _____
 Phone _____ Extension _____ Email _____ Fax _____

Patient Information

Last name _____ First name _____
 DOB _____ Member number _____

Procedure Information

CPT/HCPCS and description _____	CPT/HCPCS and description _____
CPT/HCPCS and description _____	CPT/HCPCS and description _____
CPT/HCPCS and description _____	CPT/HCPCS and description _____
CPT/HCPCS and description _____	CPT/HCPCS and description _____
CPT/HCPCS and description _____	CPT/HCPCS and description _____
CPT/HCPCS and description _____	CPT/HCPCS and description _____

Diagnosis code and description _____

Retrospective review? Yes No Dates of service _____ To be scheduled

Inpatient Residential Estimated length of stay (number of days) _____

Outpatient Office Home Durable medical equipment: Rental Purchase Cost \$ _____

Provider Information

Ordering provider or surgeon _____	NPI _____
Address _____	City _____ State _____ Zip _____
Phone _____	Fax _____ Tax ID _____
Place of service, vendor, or facility _____	NPI _____
Address _____	City _____ State _____ Zip _____
Phone _____	Fax _____ Tax ID _____

Health Services Department

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 (541) 684-5584 | Toll-free (888) 691-8209 | Confidential Fax (541) 225-3625