



**PLEASE COMPLETE FORM AND ATTACH WITH CLINICAL RECORDS**  
**Fax 877-442-1102**

**Please contact the benefit department via the phone number on the insureds medical ID card for benefits on the procedure you are inquiring on. A predetermination review or when reviews are not needed does not guarantee benefits. Benefit department would advise level of coverage or if care is non-covered within the plan the patient has.**

**To: PRE- DETERMINATION DEPT**  
**From: \_\_\_\_\_**

**Patient name: \_\_\_\_\_ Patient's DOB: \_\_\_\_\_**  
**ID # \_\_\_\_\_ Group# \_\_\_\_\_**

**Ordering Physician: \_\_\_\_\_ Credentials: \_\_\_\_\_**  
**Address: \_\_\_\_\_**  
**City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_**  
**Phone #: \_\_\_\_\_**  
**FAX: \_\_\_\_\_**  
**NPIN \_\_\_\_\_**

**Facility: \_\_\_\_\_**  
**Facility Tax Id: \_\_\_\_\_**  
**Facility address: \_\_\_\_\_**  
**Facility phone#: \_\_\_\_\_**

**DATE OF SERVICE: \_\_\_\_\_**  
**ICD-10: \_\_\_\_\_**

**Cost for genetic testing, DME equip cost, or cost of drug \_\_\_\_\_**  
**CPT CODE (5 digit code): enter number of sessions desired for each CPT requested:**  
**CPT: ( \_\_\_\_\_ ) x ( \_\_\_\_\_ ) sessions starting date ( \_\_\_\_\_ ) to ending date ( \_\_\_\_\_ )**  
**CPT: ( \_\_\_\_\_ ) x ( \_\_\_\_\_ ) sessions starting date ( \_\_\_\_\_ ) to ending date ( \_\_\_\_\_ )**  
**CPT: ( \_\_\_\_\_ ) x ( \_\_\_\_\_ ) sessions starting date ( \_\_\_\_\_ ) to ending date ( \_\_\_\_\_ )**

**FOR PT/OT/ST/ABA**  
**How many visits has patient used? \_\_\_\_\_**  
**Prior case # on file: \_\_\_\_\_**

---

**\*\*\* PLEASE NOTE THIS IS ONLY FOR PRE DETERMINATION OF SERVICES.**  
**CLAIMS NEED TO BE FAXED TO 877-291-3247. \*\*\***

*Information included in this document is considered to be UMR's confidential and/or proprietary business information. Consequently, this information may be used only by the person or entity to which it is addressed by UMR for a legitimate purpose. Such recipient shall be liable for using and protecting UMR's proprietary business information from further disclosure or misuse. The report you have received may also contain protected health information (PHI) and must be handled according to applicable law, including but not limited to HIPAA. Individuals who misuse information may be subject to both civil and criminal penalties*