Physicians of Southwest Washington

REFERRAL / PRIOR AUTHORIZATION FORM

MEMBER INFORMATION

LAST NAME | FIRST NAME | DOB | PHONE

INSURANCE | MEMBER ID NO.

REFERRING PROVIDER

FORWARD REFERRALS FROM CONTRACTED MD TO CONTRACTED MD (PRIOR AUTHORIZATION NOT NEEDED)

PRIMARY CARE PHYSICIAN

PHONE | FAX

REFERRING/ORDERING/PROVIDER (IF DIFFERENT FROM PCP*)

PHONE | FAX

☐ ***PCP NOTIFIED OF THIS REFERRAL**

OFFICE CONTACT REGARDING **THIS** REFERAL | PHONE

PROVIDER SIGNATURE | **DATE**

REQUESTED SERVICE

PROVIDE DOCUMENTATION WITH THE REQUEST TO SUPPORT MEDICAL NECESSITY

REQUESTED PROVIDER / FACILTY | SPECIALTY

NPI NO. | PHONE | FAX

FIND A LIST OF CONTRACTED PROVIDERS AT HTTP://WWW.PSWIPA.COM/PSW-CONTRACTED-PAYERS/

IF PROVIDER OR FACILITY IS NON-CONTRACTED, INDICATE REASON BELOW AND SUBMIT NOTES

☐ NOT AVAILABLE IN PSW HEALTH NETWORK ☐ OTHER

APPOINTMENT/PROCEDURE DATE ☐ DATE IS PENDING PRIOR AUTHORIZATION

REFERRAL TYPE ☐ MEDICALLY URGENT ☐ ASAP ☐ ROUTINE ☐ RETRO **DURATION** ☐ 6 MONTHS ☐ 1 YEAR

REQUIRED: DIAGNOSIS (ICD-10 CODES)

REQUESTED SERVICE: PROVIDE DOCUMENTATION WITH THE REQUEST TO SUPPORT MEDICAL NECESSITY

- ☐ ONE VISIT FOR EVALUATION/RECOMMENDATION
- ☐ VISITS FOR EVALUATION/TREATMENT
- ☐ PROCEDURE ONLY (COMPLETE INFORMATION AT RIGHT)
- ☐ OTHER INSTRUCTIONS

REQUESTED PROCEDURE: PROVIDE DOCUMENTATION WITH THE REQUEST TO SUPPORT MEDICAL NECESSITY

- ☐ OUTPATIENT SURGERY ☐ INPATIENT SURGERY
- ☐ IMAGING ☐ SNF ☐ IPR ☐ OTHER
- ☐ SNF – EXPECTED ADMIT DATE

CPT CODES AND QUANTITIES

ADDITIONAL INFORMATION

319 SEVENTH AVE SE SUITE 201 OLYMPIA WA 98501
T 360-786-8690 TOLL FREE 1-877-943-4337 WKEND PHONE 360-742-4149
F 360-786-8751 PSWIPA.COM

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