



MMCP/MCHP/SBCHS/CCP/CCP HSA

PROVIDER REQUEST DATE: _____

FUTURE ADMISSION/SURGERY/PROCEDURE DATE: _____

START OF CARE DATE/ DATES OF SERVICE: _____

PROVIDER: _____ OFFICE REP: _____

AUTHORIZATION IS NOT A GUARANTEE OF PAYMENT

CCP FAX NUMBER: MMCP/MCHP/SBCHS/CCP/CCP HSA 954-251-4279		REQUESTING TO PROVIDER:
CCP PHONE NUMBER (Effective 1/1/2016): 954-622-3499		REQUESTING FROM PROVIDER NAME:
PCP NAME:	PCP PHONE #:	PROVIDER TO FAX NUMBER:
MEMBER NAME:	D.O.B.:	PROVIDER TO PHONE NUMBER:
MEMBER ID NUMBER: (FOR SBCHS USE MEDICAL RECORD #)		PROVIDER TO TAX ID NUMBER:

PRODUCT LINES:

<input type="checkbox"/> SBCHS (PCC) SOUTH BROWARD COMMUNITY HEALTH SERVICES <input type="checkbox"/> ROUTINE (PROCESS WITHIN 14 BUSINESS DAYS)	<input type="checkbox"/> MMCP/MCHP/CCP/CCP HSA <input type="checkbox"/> ROUTINE (PROCESS WITHIN 3 BUSINESS DAYS)
---	---

☐ URGENT (WITHIN 24 HOURS)

☐ NON-PARTICIPATING / OUT OF NETWORK (REQUIRES AUTHORIZATION REVIEW – ALLOW ADDITIONAL TIME)

Definition of Urgent: A Pre-Service request for which the Routine processing time period could seriously jeopardize the member's life, health or ability to regain maximum function; or would subject the member to severe pain that cannot be adequately managed without the treatment being requested. A Post- Service request for authorization is never an urgent request.

Reason for request: (Attach pertinent medical records to assist in medical necessity review)

Diagnosis _____ ICD-10 _____
Procedure _____ CPT _____
Comment _____

Place of Service: ☐ 11 (Office) ☐ 21 (IP Hospital) ☐ 62 (OP Physical Therapy) ☐ 24 (Amb Surg Ctr)
☐ 12 (Home) ☐ 22 (OP Hospital) ☐ Other _____
Facility /Provider's name where service to be performed: ☐ MRH ☐ MHW ☐ MHP ☐ MHM ☐ MRHS ☐ JDCH
☐ Other facility _____ ☐ Provider's name _____

Provider's Signature _____ Date _____ Provider's Printed Name _____

Please send your claims to: For SBCHS, P.O. Box 849119, Pembroke Pines, FL 33084

PERSONAL AND CONFIDENTIAL USE OF THE DESIGNATED RECIPIENT NAMED ABOVE. This message may be an attorney-client communication and, as such, is privileged and confidential. If the reader of this message is not the intended recipient or an agent responsible for delivering it to the intended recipient, you are hereby notified that you have received this document in error, and that any review, disclosure, dissemination, distribution or copying of this message or taking of any action in reliance on its contents, is strictly prohibited. If you have received this communication in error, please notify us immediately by telephone and return the original message to us by mail. Thank you Revised 07/27/16

For MMCP/MCHP/ CCP/CCP HSA P.O. Box 849029, Pembroke Pines, FL 33084