

UPMC HEALTH PLAN

**TO: UPMC Health Plan
Clinical Operations Department
One Chatham Center
112 Washington Place
Pittsburgh, PA 15219
Phone: 1-800-425-7800
Fax: 412-454-2057**

Out-of-network provider requests must be approved by the Health Plan Clinical Operations Department prior to obtaining services. All sections of this form must be completed and signed by the referring physician.

Patient Last Name:	Patient First Name:
Date of Birth:	Insurance ID #:
Address:	
Phone Number:	Other Insurance:

Referring Network Physician:	Office Contact:
Address:	
Office Phone:	Office Fax:
Referring Network Physician Signature Required: _____	

Out-of-Network Provider:	Office Contact:
Address:	
Office Phone:	Office Fax:
Specialty:	

Symptoms/Diagnosis (Use most appropriate ICD-9 codes):	
Services/Procedures to be provided (Use most appropriate CDT, CPT®, or HCPCS Codes):	
<input type="checkbox"/> Office/Follow-up Visit <input type="checkbox"/> Inpatient <input type="checkbox"/> Outpatient Procedure <input type="checkbox"/> Behavioral Health <input type="checkbox"/> Consult <input type="checkbox"/> Consult and Treatment <input type="checkbox"/> Transition of Care/Continuity of Care	
Number of Visits:	Duration of Services: ___/___/___ to ___/___/___
Service Requested/Reason for Out-of-Network Request:	

Attach any additional documentation such as progress notes, labs, or consultation reports for review.

Please note: An approved request does not authorize payment of non-covered or exhausted benefits.

UPMC for Life

UPMC for You

UPMC for Kids