Nevada Health Solutions LLC

NEVADA HEALTH SOLUTIONS
PRIOR AUTHORIZATION AND REFERRAL FORM
******All sections of this form must be completed.******
NHS Fax (702) 691-5614

PATIENT INFORMATION

Primary Insurance? ☐ YES or ☐ NO
Name of Primary Insurance:

Patient Name / Member ID#:	Card Holder Name / Member ID#:
Patient DOB:	Patient Address / Telephone No.:
Patient Alternative / Mobile Telephone No.:	

PROVIDER INFORMATION

Requesting Provider Name / Address / Telephone and Fax No.: TEL: • FAX: NPI: Tax ID:	Contact Person / Name: Telephone No. and Extension: Fax No.: * ***Scheduling Issues <u>do not meet</u> the definition of Urgent request.*** The definition of an urgent request is the imminent and serious threat to the health of the patient, including but not limited to: severe pain, potential loss of life, limb, or major bodily function and a delay in decision-making might seriously jeopardize the life or health of the patient.
Primary Care Provider Name / Address / Telephone and Fax No.: TEL: • FAX:	

AUTHORIZATION REQUEST

PENDING REF #: _____ NO FAX PAGES: ____

Date of Request:	☐ Inpatient ☐ Observation ☐ Outpatient	Procedure Date:	No. of Treatments Requested:	Is Service Requested by Patient: ☐ Yes or ☐ No
Diagnosis (include ICD Code)			Procedure/Treatment Request (include CPT Code)	
Servicing Provider Name / Address / Telephone No.: ☐ SAME AS REQUESTING PROVIDER			Place of Service / Name of Facility / Address / Telephone No.: NPI: Tax ID:	

PLEASE attach the latest available Medical Records and Progress Notes.

*All procedures/treatments requested require clinical information and should be submitted with this form to prevent processing delays.

Pertinent Attachments = Information to support the proposed diagnosis, treatment / procedure, i.e. current clinical findings (Progress reports), results of laboratory testing, imaging studies (x-rays, etc.) must be submitted.

****On adverse determinations a reconsideration / expedited appeal may be requested.****

*Failure to complete this form in its entirety may result in delayed processing or an adverse determination for insufficient information

This referral/authorization is not a guarantee of payment. Payment is contingent upon eligibility, benefits available at the time the service is rendered, contractual terms, limitations, exclusions, and coordination of benefits, and other terms & conditions set forth in the member's Evidence of Coverage, Certificate of Coverage, or Self Insured Employer's Plan Documents.