



PRE-CERTIFICATION/TREATMENT REQUEST FORM

Forward Form and Documentation to:
 JIPA Network
 fax: 1-770-810-3789
 email: claims@jipanetwork.com

SUPPORT:
1.954.331.6530, OPTION 4

(PLEASE PRINT)

Group/Plan Name or Number:		Insured's ID Number:	
REQUESTOR INFORMATION			
Contact Name:	Contact/Requesting Provider: Phone: () Fax: ()	Contact/Requesting Provider Email Address:	
Requesting Provider Name, Address and Specialty:			Company TIN:
PATIENT INFORMATION			
Insured's Last Name:	First:	Middle:	Patient's Relationship to Insured:
Patient's Last Name:	First:	Middle:	Patient's Date of Birth: mm/dd/yyyy / /
PRECERTIFICATION/TREATMENT REQUEST			
Receiving Facility Name:		Receiving Service Provider Name and Specialty:	
Receiving Facility or Provider Phone Number: ()	Receiving Facility or Provider Fax Number: ()	Receiving Facility or Provider Email Address:	
Receiving Facility or Provider Full Address:			
Reason for Pre-Certification/Treatment Request: (Diagnoses, Presenting Symptoms)			
Treatment Requested:	Diagnosis Code(s):	Procedure or CPT Code(s):	
Indicate Clinical Information to Support Medical Necessity (e.g. Medical Report Stating the Diagnosis, Date of Occurrence, Beginning of Symptoms, Failed Outpatient Treatment, Past Medical Exams, Past Surgical History, Lab Tests and X-Ray Results, Medications, Plan of Treatment and Brief Clinical History): <u>Please Attach All Pertinent Documentation.</u>			
A PRE-CERTIFICATION IS NOT A GUARANTEE OF PAYMENT			
Pre-Certification is the process of confirming information prior to all inpatient admissions and selected services or procedures which require prior approval in writing, in accordance with the terms and conditions of the policy. It is the member's responsibility to be familiar with the terms and conditions of the policy. All benefits are subject to the definitions, conditions, limitations and general specific exclusions and all provisions found in the policy.			
<ul style="list-style-type: none"> • In Emergency Cases, the Member or Hospital must obtain a Pre-Certification during the first 48 hours of Admission to the Hospital. • In Elective Cases, the complete, required information must be submitted at least 10 days prior to the Admission. 			
<p>Failure to comply with any of the above procedures will result in a reduction of benefits, as stated in the policy. Admissions or procedures that do not meet medical necessity guidelines will not be eligible for medical benefits.</p>			