



Choose One [ ] Mental Health [ ] Substance Use Disorder (SUD)

Choose One: [ ] Detox [ ] IP [ ] Residential [ ] OP Out of Network

- [ ] Pre-Service Non-Urgent/Standard
[ ] Pre-Service Administratively Urgent (Services which do not meet the definition of Medically Urgent, however, are deemed to be time sensitive by one or more of the affected parties.)
[ ] Pre-Service Medically Urgent/Expedited (Medically Urgent—In the opinion of the attending physician, there is a risk to the member’s life, serious bodily injury or pain that cannot otherwise be managed.)

PATIENT DEMOGRAPHICS

Patient Name: Date of Birth:
Member ID: Phone Number:
Street Address:
City: State: Zip Code:

REFERRING PROVIDER INFORMATION

Provider Name: Phone #:
Street Address: Fax #:
City: State: Zip Code:
Provider #: Tax ID #: NPI: Specialty:

REFERRED TO PHYSICIAN/FACILITY/PROVIDER INFORMATION

Referred To: Phone #
Street Address: Fax #
City: State: Zip Code:
Provider #: Tax ID #: NPI: Specialty:

REQUEST INFORMATION \*\*\*PLEASE INCLUDE H&P WITH ALL AVAILABLE DOCUMENTATION\*\*\*

Date(s) of Service: # of Visits:
CPT Code(s) and Description:
ICD Diagnosis Code(s) and Description:

Additional Information:

Form Submitted By:

Name: Phone: Fax:

The completed form can be faxed to: 608-252-0830
If you have any questions regarding the services or form, please contact Member Services at the number on the member’s ID card or review our Medical Management page.
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