



Choose One	<input type="checkbox"/> Mental Health	<input type="checkbox"/> Substance Use Disorder (SUD)
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Choose One:	<input type="checkbox"/> Detox	<input type="checkbox"/> IP	<input type="checkbox"/> Residential	<input type="checkbox"/> OP Out of Network
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- 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](#). Requests to non-plan providers must be approved prior to obtaining services.

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