Sutter Health Sacramento Sierra Region (SHSSR) SutterSelect Medical Plan

PROCEDURE AUTHORIZATION / CONTINUATION OF CARE REQUEST

URGENT				ROUTINE			
☐ Continuation of Care ☐ Procedure Authorization							
Patient Name		Employer Name			Date		
Date of Birth		Plan Option		Insurar		ce ID #	
MRN#		PCP EPO	Plus	☐PPO Clinician Re	eferred to	Specialty	
WIIXIA#		101		Cililician ixe	cierrea to	Opecialty	
PROCEDURE AUTHORIZATION REQUEST							
Diagnosis			ICD-9 Code(s)				
Procedure(s)			CPT				
Location: Defice		Outrationt Facility			lanatian	· Cacility	
Location: Office Outpatient Facility			☐ Inpatient Facility Estimated LOS				
Facility Name:			DOS:				
Clinical Summary							
Consulting Clinician		Signature		Date		Office Contact	
		<u> </u>					
CONTINUATION OF CARE REQUEST							
Additional Visits Requested	d	Needed over a po	eriod	of	Next App	pointment Date	
Diagnosis			ICD-	D Codo(o)			
			_	9 Code(s)			
Drooduro(c)				9 Code(s)			
Procedure(s)			СРТ	9 Code(s)			
Procedure(s) Clinical Summary				9 Code(s)			
				9 Code(s)			
		Signature		Date		NPI#	
Clinical Summary Consulting Clinician		-					
Clinical Summary		Signature Phone Number			Fax Num		
Clinical Summary Consulting Clinician Office Contact		-					
Clinical Summary Consulting Clinician Office Contact PCP REVIEW		-		Date	of Visits		
Clinical Summary Consulting Clinician Office Contact	Date	-	СРТ	Date Number o	of Visits		

MEDICAL DOCUMENTATION REQUIRED