



PRIOR AUTHORIZATION FORM

Phone: (877) 2GHI HMO (877-244-4466)
Fax: (877) 508-2643

PLEASE NOTE: All services requiring prior authorization (other than on an emergency basis) must be approved in advance by a GHI HMO Medical Director/designee. Prior authorization is subject to all terms and conditions of the Health Service Contract and is only valid for eligible health plan members at time of service.

Urgent Request (Services to be rendered within 72 hours)
Please Print Legibly or Type:

Form with sections: PATIENT/MEMBER IDENTIFICATION, REQUESTING PHYSICIAN INFORMATION, REQUESTED SERVICE, and Billing Information.

Signature of Requesting Physician: _____ Date: _____

Medically Necessary: Medically necessary health care services are those services provided by a licensed health care provider to diagnose or treat an illness, injury, or medical condition...
Non-acute care and treatment rendered when there is no reasonable expectation of the member's improvement or recovery as determined by the GHI HMO Medical Director, using generally accepted medical standards shall be considered not medically necessary.

THIS AUTHORIZATION DOES NOT GUARANTEE PAYMENT OF BENEFITS NOR VERIFY ELIGIBILITY. PAYMENT OF BENEFITS IS SUBJECT TO ALL TERMS, CONDITIONS, LIMITATIONS AND EXCLUSIONS OF THE MEMBER'S CONTRACT. REGARDLESS OF A DETERMINATION, MEDICAL DECISIONS REGARDING A COURSE OF TREATMENT ARE SOLELY BETWEEN THE PHYSICIAN AND THE PATIENT.

PLEASE ALLOW 5 BUSINESS DAYS FOR THE SPECIALTY PROVIDER AND MEMBER TO RECEIVE WRITTEN CONFIRMATION OF PRIOR AUTHORIZATION. SEE REVERSE FOR QUICK REFERENCE TO GHI HMO AUTHORIZATIONS