



For Aetna Use Only:

## HMO Precertification Fax Form

Fax # 1-800-213-8641

Precertification for services on the *HMO Precertification Fax Information Sheet* may be requested via fax for HMO members when:

1. All physicians/facilities involved are participating providers in the applicable Aetna U.S. Healthcare<sup>®</sup> network, and;
2. The services are scheduled to occur at least four business days after the date of your fax. You must phone in requests for services occurring in three business days or less to 1-800-245-1206.

Date: \_\_\_\_\_

Patient's name: \_\_\_\_\_ Patient's ID number: \_\_\_\_\_

Patient's SSN: \_\_\_\_\_ Patient's date of birth: \_\_\_\_\_

Patient's primary care physician: \_\_\_\_\_

Attending physician name: \_\_\_\_\_ TIN: \_\_\_\_\_

Contact name: \_\_\_\_\_ Phone number: \_\_\_\_\_

Fax number: \_\_\_\_\_

Facility name: \_\_\_\_\_ Phone number: \_\_\_\_\_

Diagnosis: \_\_\_\_\_ ICD-9 Code: \_\_\_\_\_

Secondary diagnosis: \_\_\_\_\_ ICD-9 Code: \_\_\_\_\_

Surgery: \_\_\_\_\_ CPT-4 Code: \_\_\_\_\_

Date of admission: \_\_\_\_\_ Date of surgery: \_\_\_\_\_

If maternity - EDC: \_\_\_\_\_

Name of other insurance carrier (if applicable): \_\_\_\_\_

Policy number: \_\_\_\_\_

Other insurance plan primary? Yes  No

- This information is confidential and should only be read by the addressee or their specific designee in accordance with applicable state and federal laws.
- Decisions are based upon the information provided. This notice is not a guarantee of payment. Payment is contingent on the benefits available through the applicable plan and the patient's eligibility on the date that services are rendered. Payment is also subject to subsequent review of medical information or records.
- In the case of Colorado residents, this certification decision does not guarantee coverage. The treatment or procedure certified can be denied in cases of fraud and abuse or if the individual is no longer covered at the time the treatment or procedure is performed.