



CONFIDENTIAL FOR OFFICIAL USE ONLY



REFERRAL/AUTHORIZATION FORM

Please refer to the Provider Manual or http://www.christushealthplan.org

Authorization Request Forms that are incomplete or illegible cannot be processed. The request will be returned to the sender for completion.

Louisiana Texas New Mexico

CHRISTUS HEALTH PLAN
P.O. Box 169009
Irving, Texas 75016
UM 1-844-282-3026 • Fax: 1-844-357-7562/1-800-277-4926
Email: CHRISTUS.HP.278@christushealth.org
Eligibility: 1-844-282-3026

Date of Request:
Urgent Request: Routine Request:

MEMBER INFORMATION

Patient Name: Patient ID:
DOB: Phone: Sex Male Female

PROVIDER INFORMATION

Check Requesting Provider: Primary Care Physician Specialist
Physician Name:
Phone:
Fax:
Contact Person Name:
Contact Person Phone/Extension:
NPI/Tax ID:

SPECIALIST/FACILITY REFERRED TO

Referred to: Phone:
Specialty: Fax:
NPI/Tax ID: In-Network Out-of- Network
Reason for Referral to Out of Network Specialist or Facility:

OFFICE VISIT INFORMATION

Initial Request: Visits-Consult/Treat 1 Visit-Consult Only
Follow Up: Visits/Year

REQUEST FOR OTHER SERVICES

Type of Service: Observation Inpatient Home Health Hospice DME Office Treatment Outpatient
Date of Procedure/Treatment:

DIAGNOSIS/PROCEDURE INFORMATION

Diagnosis: ICD-10 Code:
Procedure: CPT Code:

TO BE COMPLETED BY REQUESTING PHYSICIAN

Clinical documentation to support the request: (i.e. Physician office/progress notes, lab results, diagnostic/imaging results, pertinent medical/surgical history)
Physician Signature: Date:
Additional Comments:

- This Authorization is for medical necessity only and it does not guarantee payment. Eligibility will be determined at the time the claim is submitted.
Refer to the provider manual for a definition of Expedited and Standard request and time frame
This Authorization is valid only for the services noted above.
All out-of-network services require prior approval by CHRISTUS Health Plan.
A specialist may not refer to an Out of Network specialist/facility.
See back of form for a summary of authorization requirements.

Confidentiality Notice: The information contained in this facsimile is intended only for the use of the individual or entity named above and may be privileged and confidential, protected from disclosure and re-disclosure. If the reader of this information is not the intended recipient, or an employee or agent responsible for delivering this facsimile to the intended recipient, you are hereby notified that any dissemination, distribution or copying of this communication is strictly prohibited. If you have received this communication in error, please call 1-844-282-3026 in order to arrange for the return of the misdirected information. If unable to return the misdirected information, please destroy the information and notify this facility by return fax of the destruction.