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REFERRAL/AUTHORIZATION FORM

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

Authorization Request Forms that are incomplete, illegible, or do not include clinical documentation to support the request cannot be processed and will be returned to the sender for completion.

Completed forms and supporting documentation can be mailed to the address below, or emailed to Christus.hp.278@christushealth.org

CHRISTUS HEALTH PLAN
P.O. Box 169009
Irving, Texas 75016
UM (800) 446-1730 • Fax: (800) 277-4926
Eligibility: (844) 282-3026

Louisiana Texas

Date of 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 does not guarantee payment. Eligibility will be determined at the time the claim is submitted.
Turnaround time for a routine prior authorization request is 2 business days from date/time of receipt of request.
This Authorization is valid only for the services noted above.
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.