Physicians Medical Group of San Jose
Excel MSO, LLC

2304 Zanker Road
San Jose, CA 95131
Phone: (408) 937-3645
Fax: (408) 937-3637 or 3638
www.pmgmd.com

SERVICE AUTHORIZATION FORM

FORM MUST BE FILLED OUT COMPLETELY

Please select the following: Today's Date: ____________

☐ RETROSPECTIVE (DOS): __________
☐ ROUTINE (NON-URGENT)
☐ URGENT (EXPEDITED) Urgently needed care means services that are required in order to prevent serious deterioration of a member's health that results from an unforeseen illness or injury.

HEALTH PLAN (Please check):

	Aetna		Blue Shield Promise Health Plan		Cigna		United Healthcare
	Alignment		Brand New Day		Healthnet		United Healthcare Medicare
	Anthem CA Care		CareMore Anthem Cal Mediconnect		Healthnet Medicare		Vitality
	Anthem BC Medi-Cal		CareMore Anthem BC		SCFHP Medi-Cal		
	Blue Shield		CareMore SCAN		SCFHP Healthy Kids		

PATIENT INFORMATION

MEMBER ID#	DATE OF BIRTH:
PATIENT NAME:	PATIENT ADDRESS:
PATIENT PHONE#:	
PCP:	PCP PHONE#:

REQUESTING PROVIDER INFORMATION

PROVIDER NAME:	PHONE#:
OFFICE CONTACT NAME:	FAX#:

REFERRING TO PROVIDER INFORMATION

CLINICAL DOCUMENTATION MUST BE SUBMITTED WHEN REQUESTING SERVICES

PROVIDER NAME: (IF NON-CONTRACTED, PROVIDE NPI# & TAX ID#)
PHONE#:
FAX#:
OFFICE CONTACT NAME:
FACILITY:

PLEASE CHECK ONE SERVICE:	ICD-10	CPT / HCPCS	UNITS	QTY
☐ CONSULATION / FOLLOW UP				
☐ DME				
☐ HOME HEALTH				
☐ INPATIENT PROCEDURE				
☐ OUTPATIENT PROCEDURE				
☐ OB CARE EDD___________				
☐ SKILLED NURSING FACILITY				

CLINICAL INDICATION:

REQUESTING PROVIDER SIGNATURE: ____

CONFIDENTIALITY NOTICE: The information contained in this transmission contains confidential health information that is legally privileged. This information is intended for the use of the individual or entity named above. The authorized recipient of this information is prohibited from disclosing this information to any other party unless required to do so by law or regulation and is required to destroy the information after its stated need has been fulfilled. If you are not the intended recipient, you are hereby notified that any disclosure, distribution, copying, or action taken in reliance of the contents of these documents is strictly prohibited. If you have received this communication in error, please notify the sender immediately and arrange for return or destruction of these documents. Thank you for your cooperation.