Consult Clinical Information Fax

To initiate the Consult process for preauthorization, complete this form, attach additional clinical information, and fax to: **(888) 863-4464.** HealthHelp representatives and physicians are available Monday-Friday 7am-7pm and Saturday 7am-4pm (Central Time). Preauthorization requests may be processed faster online: https://portal.healthhelp.com/humana.

Urgent Request is a medically necessary request that requires IMMEDIATE HANDLING due to an unforeseen illness, injury, or condition that could impact the patient's condition. A **phone call to (866) 825-1550** is the fastest way to process your urgent request. If you choose to fax your urgent request, please ensure that legible contact information is included for the ordering physician and/or his/her designee stating how they may be reached within the next 24 hours in case additional clinical information is needed to complete the review. An urgent request may be **faxed to: (800) 519-9935**.

Date:	Time:	Contact Name:
Contact Email:		Contact Phone Number:
Member Name:		Member ID Number:
Member DOB:		Group ID:
Member Contact Number:		
Ordering Physician Information		
Physician Name:		Ordering Physician NPI:
Practice Name: Address: City: State: ZIP:		Phone: Fax: Email:
Rendering Facility Information (☐ same as Ordering Physician)		
Facility Name: Facility Tax ID:		Facility Type: ☐ Outpatient ☐ Ambulatory Surgery Center ☐ Inpatient; No. of days _____
Address: City: State: ZIP:		Phone: Fax: Email:
Procedure Information (include procedure code)		
Date of Procedure (if known):		Procedure:
Date of Procedure (if known):		Procedure:
Date of Procedure (if known):		Procedure:
Clinical Information (all must be completed)		
1. Patient's diagnosis or symptoms (include duration, frequency, and intensity):		
2. What is the physician suspecting or ruling out with the requested study?		
3. Has the patient received treatment for the above symptoms (include duration and type)?		
4. List any previous relevant testing (i.e., labs, imaging, or other test); include results:		
5. Is study part of a standard post-chemo/radiation protocol in a patient with a prior cancer diagnosis? (Circle one) No Yes, Cancer Type:		