



**Request for Predetermination**

Fax completed form to: 412-202-5763 Note: Note: To avoid delay in processing your request, please fill out this form completely. Photo copies should be mail to MCA Administrators Inc. Manor Oak Two, 1910 Cochran Road Suite 605, Pittsburgh, PA 15220

Physician or Provider Name \_\_\_\_\_

Physician or Provider Tax ID \_\_\_\_\_

Address \_\_\_\_\_

Contact Person Telephone \_\_\_\_\_ Fax \_\_\_\_\_

Name of Facility \_\_\_\_\_

Facility Address \_\_\_\_\_

Anticipated Date of Service \_\_\_ / \_\_\_ / \_\_\_\_\_  Outpatient  Inpatient  Observation Admission

Subscriber Name \_\_\_\_\_

Subscriber Number \_\_\_\_\_

Patient Name \_\_\_\_\_

Patient Date of Birth \_\_\_ / \_\_\_ / \_\_\_\_\_ Group/Policy Number \_\_\_\_\_

**SERVICE DESCRIPTION**

Diagnosis Codes	CPT	HCPCS
1.	1.	1.
2.	2.	2.
3.	3.	3.
4.	4.	4.

Comments/Notes Describing the Service: \_\_\_\_\_

Is this a continuation of previous Approval: Yes \_\_\_\_\_ No \_\_\_\_\_

**ADDITIONAL INFORMATION** Note: Please fax any documentation that will clarify your request with this form. Examples include: • Test Results (lab, visual fields, radiology, sleep study, etc.) • Patient's Current Condition • Pertinent History/Evaluation • Progress Notes-