



Pre-Notification Form

Pre-Notification is Required for

- Inpatient Hospitalizations
- Non-Emergency Surgeries
- Elective Cardiac Procedures
- Cancer Treatment
- Organ/Tissue Transplant Services

For your convenience, providers have three options for pre-notification.

1. Submit using the online provider portal at mychristiancare.org/forproviders
2. Call (321) 308-7777
3. Complete and return this form by fax to (321) 722-5135

To expedite the Pre-Notification process, please include applicable medical records.

Pre-Notification does not guarantee sharing eligibility and does not supersede any member limits as defined in the Medi-Share Guidelines. Forms without complete information or attached documentation will not be processed.

Date of Request _____ Emergent (Response within 24 hours*) Urgent (Response within 72 hours) Elective (Response within 14 days)

Emergent and Urgent requests must include medical records.

Contact Name _____ Phone _____

MEMBER'S FULL NAME _____ DOB _____ ID# _____

Requesting Provider _____ NPI # _____ Tax ID# _____

Check if requested by PCP Phone _____ Fax _____

COMPLETE APPLICABLE INFORMATION FIELDS

Check the applicable request type(s) below AND complete the requested information.

TYPE OF SERVICE Office Outpatient Observation Ambulatory Surgery Inpatient SNF PT/OT/ST**

PERFORMING/ADMITTING PROVIDER First/Last _____ Specialty _____

Address (OON only) _____ Phone _____ Fax _____

Facility _____

Address (OON only) _____ Phone _____ Fax _____

*** PT/OT/ST initial evaluation & progress notes must accompany request for additional visits.*

DIAGNOSIS Description _____ Code(s) (ICD-CM) _____

PROCEDURE Description _____ CPT/HCPCS Code(s) _____

SERVICE DATE(s) From _____ To _____ # OF SERVICE(s)/UNIT(s)/VISIT(s) _____

INPATIENT ADMISSION DATE _____ **EXPECTED DISCHARGE DATE** _____

HCPCS Code(s) _____

Bilateral Right Left Purchase OR Rental: 1st Month Rental 2nd or 3rd Month Rental 4-6 Month Rental

***REQUEST FOR EXPEDITED REVIEW** (72 hours or less) Criteria for expedited review: Waiting for a decision in the standard timeframe (14 days or less) could seriously harm the member's health, or ability to regain maximum function. I attest that this represents an expedited review as defined above.

Physician Signature _____ Date _____

CONFIDENTIALITY: The information contained in this document may be legally privileged and confidential information intended only for the use of the individual or entity named above. If the reader of this document is not the intended recipient, you are hereby notified that any dissemination, distribution or copying of this document is strictly prohibited. If you have received this document in error, please immediately notify the sender above and return the original message to us at the address above by the United States Postal Service. Thank you for your cooperation.

Return by Fax to: (321) 722-5135