



PINAL COUNTY
Wide open opportunity

**PINAL/GILA LONG TERM CARE
REQUEST FOR REFERRAL
AUDIOLOGY CONSULTS**
PLEASE FAX ALL REQUESTS TO (520) 866-6717

MEMBER NAME: _____ MEMBER ID: _____

DOB: _____ OTHER INSURANCE: _____ MEDICARE A B

EPSDT eligible member? Yes NO CRS Eligible member? Yes No

REQUESTED PROVIDER: _____ ID: _____ PHONE: _____ FAX: _____

URGENCY STATUS (see * for definitions of status):

- Standard (Based on members' condition – Not to exceed 14 days)
- Expedited – Urgent (within 3 days)

Date of Service: _____ Appointment Time: _____

Services Requested:

Diagnosis Code	Requested CPT Code	CPT Code Description	Diagnosis Code	Requested CPT Code	CPT Code Description

Explain reason for referral:

Provisions of Audiology service by P/GLTC is as follows:

1. Members under the age of 21 are eligible for identification and evaluation of hearing loss and rehabilitation of hearing loss through other than medical or surgical means (i.e. hearing aids).
2. Members age 21 and over are only eligible for identification and evaluation of hearing loss. Hearing aids and any services related to hearing aid maintenance are not covered services.

REQUESTS THAT DO NOT MEET THIS CRITERIA WILL BE DENIED
***** INCOMPLETE FORMS MAY RESULT IN DENIAL OF AUTHORIZATION *****

Referring Provider Information:

Provider Name: _____ ID Number: _____ Contact: _____

Address: _____ City, State, Zip: _____

Phone: _____ Fax: _____ Date: _____

PCP/PCP Designee Signature: _____

PCP Remember: It is your responsibility to assure a copy of this consult/treatment is present in your office/facility medical records.

***Standard Authorization Request:** This is a request that P/GLTC provides a decision as promptly as the member's health condition requires, but not later than 14 calendar days following the receipt of the authorization request. If P/GLTC determines that additional information is needed to process a request and it would be in the member's best interest to pursue this information, P/GLTC will send out a Notice of Extension Letter (NOE) to the member. This letter notifies the member that more time is needed to process the request and that P/GLTC will not take longer than an additional 14 days to reach a decision.

Expedited Authorization Request: A request that P/GLTC provide a decision to the member as promptly as the enrollee's health condition requires, but not later than three working days following the receipt of the authorization request. If P/GLTC determines that additional information is needed to process a request and it would be in the member's best interest to pursue this information, P/GLTC will send out a Notice of Extension Letter (NOE) to the member. This letter notifies the member that more time is needed to process the request and that P/GLTC will not take longer than an additional 14 days to come to a decision.

Referral authorization is not guarantee of payment.