



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: _____ ID# _____ DOB _____

Medicare A B Other Insurance _____

Name of Nursing Home/ALF: _____

EPSDT eligible member? Yes No CRS eligible member? Yes No

Service Provider Number: _____
(AHCCCS# of Provider referred to)

Service Provider Name: _____
(Name of Provider referred to)

Date of Service: _____ Appointment Time: _____

Diagnosis Code: _____

Requested CPT Code: _____ Est. Cost: _____

URGENCY STATUS: Standard (Based on members condition – Not to exceed 14 days)
 Expedited – Urgent (within 3 days)

What is the member's age? _____

Indicate Service Requested: _____

Explain reason for referral:

PCP/PCP Designee Signature _____

PHONE: _____ **FAX:** _____

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

The provision of Audiology service by P/GLTC is as follows:

- 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).
- 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 *****

***Standard Authorization Request:** A request for which P/GLTC provides a decision as expeditiously as the member's health condition requires, but not later than 14 calendar days following the receipt of the authorization request with a possible extension of up to 14 calendar days if the member or provider requests an extension of the P/GLTC establishes a need for additional information and delay is in the enrollee's best interest.

***Expedited authorization Request:** A request for which P/GLTC provides a decision to the member as expeditiously as the enrollee's health condition requires, but not later than three working days following the receipt of the authorization request with a possible extension of up to 14 days if the member or provider requests an extension or if P/GLTC establishes a need for additional information and delay is in the enrollee's best interest.