Hill Physicians

AUTHORIZATION REQUEST FORM

Paper forms should be used only when necessary and must be filled out fully to be processed. Complete fax forms electronically or print clearly to avoid delays. Sign up for HillLink today to begin submitting Authorizations electronically and speed up turnaround times. Visit our Provider Portal @ https://providers.hillphysicians.com to request Provider Portal Access and sign up for HillLink!

Fax Elective and Retro To:
East Bay, SF, Solano – **844-449-3492**
Sacramento – **844-449-3493**
San Joaquin – **844-449-3494**

Please Check Type ☐ Elective DOS____ /____ /____ ☐ Urgent, Please fax to **(855) 874-2884 (for all regions)**
☐ Retro DOS____ /____ /____ (Scheduling does not qualify for urgent status.)

PATIENT INFORMATION

Last Name	First Name	MI	Subscriber # (or Member ID #)
Address	City	State Zip	Primary Care Physician (PCP)
Date of Birth / /	Gender ☐ M ☐ F	Home Phone Number ( )	Work Phone Number ( )

Health Plan
☐ Aetna
☐ Anthem Blue Cross
☐ Blue Shield/CalPERS
☐ Blue Shield HMO
☐ Brand New Day
☐ Bright Health
☐ Central Health
☐ Canopy Health
☐ Chinese Community Health Plan (CCHP)
☐ CIGNA
☐ Health Net
☐ Hill Physicians Care Solutions (HPCS)—Health Net
☐ Hill Physicians Care Solutions (HPCS)—UnitedHealthcare
☐ Humana
☐ Oscar
☐ SF Health Plan
☐ UnitedHealthcare
☐ WHA

Please Check Product
☐ Commercial
☐ Medicare
☐ Medi-Cal
☐ CCS dx Verify & use CCS referral

PROVIDER INFORMATION

Requesting Provider ☐ PCP ☐ Specialist ☐ Consultant	Last Name First Name MI	
Contact Person	Phone Number ( )	Fax Number for Auth Status ( )
Signature or Stamp Required (Requesting Physician)	NPI #	Date Signed / /

REQUESTED SERVICE(S) INFORMATION

☐ Yes, this request is to change an existing Authorization.

Authorization # _____ Change from Change to

Requested Service Type: ☐ Patient Request ☐ Outpatient ☐ In-Patient ☐ Observation ☐ DME ☐ Home Health ☐ Office ☐ 2nd Opinion ☐ Out of Network ☐ Other

Provider Name	NPI #	Assistant Surgeon ☐ Yes ☐ No
Place of Service / Address		Name

ICD-10 Code(s) with Description

CPT/J-(Drug)/E-(DME) Code(s) with Description (be specific, i.e. – Rt/Lt, weight, dosage where applicable)

Please complete and/or attach diagnosis, clinical problem, history, date of onset, relevant prior treatment(s) & outcome(s), diagnostic imaging results,clinical documentation, labs, and/or consult reports or contact info for out-of-network.

For more information, contact Hill Physicians' Customer Service at (800) 445-5747.