



PRE-NOTIFICATION

Pre-Notification is Required for

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

3 Options for Pre-Notification

- 1 Call (855) 378-6777
- 2 Complete and return this form by fax to (954) 678-6970
- 3 Complete online at www.ImpactHealthSharing.com/Forms

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 Impact Health Sharing 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	Membership ID
Requesting Provider	NPI #	Tax ID#
<input type="checkbox"/> Check if requested by PCP/Phone	Fax	

Check the applicable request types(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 2-3 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

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Fax to (954) 678-6970