Physicians Medical Group of San Jose, Inc.
EXCEL MSO, LLC.
75 E. Santa Clara Street, Suite 950 San Jose, CA 95113-1848
Phone: (408) 937-3645 Fax: (408) 937-3637 or (408) 937-3638

Authorization Request Form

☐ **Routine Non-Urgent** ☐ **Urgent:** Urgently needed care means services that are required in order to prevent serious deterioration of a member's health that results from an unforeseen illness or injury.

☐ **Retrospective** ☐ **Emergency**: A medical or psychiatric condition manifesting itself by acute symptoms of sufficient severity such that a prudent layperson would expect the absence of immediate medical attention to result in jeopardizing health, serious impairment of body function or dysfunction of any bodily organ or part. (NO AUTHORIZATION IS REQUIRED)

Health Plan (Please Check)

	Aetna		Blue Shield Commercial		Health Net Medicare Advantage
	Alignment		Care1st		SCAN
	Anthem Commercial		Cigna		SCFHP Medi-Cal/HK
	Anthem Medi-Cal		Health Net Commercial		United Health Plan

Patient Information

Date of Request: _____

Patient Name: _____ ID#: _____ Date of Birth: _____

Patient Address: _____ Phone #: _____

PCP: _____ Phone: _____ Fax: _____

Referring Provider: _____ Phone: _____ Fax: _____

Person submitting request: _____ Phone: _____ Fax: _____

Requested Provider Information

Requested Provider: _____ Phone: _____ Fax: _____

Diagnosis: _____ ICD-10: _____

Requested Service:

☐ Office Visit/Consultation ☐ Follow-up # of visits Requested: _____

Procedure(s) /CPT: _____

Facility: _____ ☐ Inpatient ☐ Outpatient

☐ OB Care: LMP if known: _____ EDC: _____ Facility: _____

Clinical Findings and Duration of Treatment Previously Provided (Attach Clinical Notes)