*Incomplete forms will be faxed back to the sender.*

**Instructions:**

* **Please validate patient eligibility and benefits prior to rendering services.**
* **FAX completed forms to (480) 588-8061 or (833) 665-1252 OR EMAIL to** [**icppa@icphealth.com**](mailto:icppa@icphealth.com)
* **Submit all supporting clinical documentation such as progress notes/labs/radiology with requests.**

For questions, please contact the Medical Management Department at (480) 400-0027 or (800) 250-6647

**Today’s Date: \_\_\_\_\_\_\_\_\_\_\_\_\_**

**MEMBER INFORMATION: Member ID#**

|  |  |  |  |
| --- | --- | --- | --- |
| **First Name** | **Last Name** | | **DOB** |
| **Member Address** | | **Member Telephone Number** | |

**SPECIALIST AND PRACTICE INFORMATION:**

*Notification will be faxed back to the Specialist fax number provided.*

|  |  |  |
| --- | --- | --- |
| **First Name** | **Last Name** | **Office Telephone Number** |
| **Office Address** | | **Office Fax Number** |
| **Tax ID#** | **Practitioner NPI#** | **Practice Name** |
| **Specialty** |

**PLACE OF SERVICE:**

|  |
| --- |
| **OFFICE** |

**DATE OF SERVICE: \_\_\_\_\_\_\_\_\_\_\_\_\_ -OR-  TBD “TO BE DETERMINED”**

**PREPARERS INFORMATION:**

|  |  |  |
| --- | --- | --- |
| **Name** | **Direct Telephone Number & Extension** | **Email** |

**REQUESTED MEDICAL SERVICE**

|  |  |
| --- | --- |
| **ICD-10 Code(s)** | **CPT Code(s)** |
|  |  |
|  |  |

**Additional comments: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Member ID#**

|  |  |
| --- | --- |
| **FOR ICP UM USE ONLY** | |
| Reference Number | Date Range |
| Comments: | |

*Payment for services is dependent upon the patient's eligibility at the time services are rendered. Copays, coinsurance and/or deductibles may apply. For information pertaining to eligibility, benefits (deductible, coinsurance, copayments) or claims processing, please contact AmeriBen at (602) 231-8855.*

**We want to hear from you! We would love to hear about your experience with us. Please take our brief survey by going to this website:** [**https://www.surveymonkey.com/r/MedManagementSurvey**](https://www.surveymonkey.com/r/MedManagementSurvey)