



# Precertification\*/Preauthorization Nonparticipating Provider Request

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## Instructions to the Primary Care Physician's Office

Complete **all fields and mail or fax form** (address and fax information is in top right corner of this form).

**IF THIS IS AN URGENT REQUEST**, call the telephone numbers listed below and follow the prompts for precertification:

**HMO:** 1-800-624-0756

**Traditional:** 1-888-632-3862

### A. Requesting Provider Information

1. Name (First, MI, Last)	2. Provider ID Number
3. Provider Contact Name	4. Telephone Number
5. Physician's Signature	6. Request Date

### B. Patient Information

1. Name (First, MI, Last)	2. Date of Birth	3. Patient's ID Number
4. Address	5. Telephone Number	

### C. Nonparticipating Provider Information

1. Name (First, MI, Last)	2. Telephone Number
3. Address	4. Fax Number
5. Specialty or Provider ID Number	6. Have you attempted to find an Aetna network provider? <input type="checkbox"/> Yes <input type="checkbox"/> No
7. Has patient seen this provider in the past? <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, when was the last visit? _____ / _____ Month Year	

### D. Reason for Nonparticipating Provider Request

1. Service(s) Needed (for example, consultation, diagnostic testing, specific procedure, inpatient care, etc.)	
2. Diagnosis Code(s)	3. Procedure/CPT Code(s)
4. Explain why the services listed above can only be provided by this particular specialist.	
5. Does the member have out-of-network benefits he/she plans to use? <input type="checkbox"/> Yes <input type="checkbox"/> No	

*\*The term precertification here means the utilization review process to determine whether the requested service, procedure, prescription drug or medical device meets the company's clinical criteria for coverage. It does not mean precertification as defined by Texas law, as a reliable representation of payment of care or services to fully insured HMO and PPO members.*