

EMPIRE PLAN PREDETERMINATION REQUEST



Use this form to:

Verify how much UnitedHealthcare may reimburse when certain medical services are being considered *PRIOR TO RENDERING SERVICES*. This is known as a Predetermination. A Physician completes this form on a patient's behalf.

Submit this form via uhcprovider.com

If unable to submit via uhcprovider.com, fax to (845) 249-2932 or mail to Empire Plan Predeterminations, UnitedHealthcare, PO Box 1600, Kingston, NY 12402-1600

Do NOT use this form:

- If the services have already been rendered or item has already been dispensed.
- If patient needs Durable Medical Equipment, Home Private Duty, Visiting Nurse Services, Home Infusion services/supplies,
- For Physical or Occupational Therapy, or Chiropractic Care, call (877) 7-NYSHIP (877-769-7447) *PRIOR TO RENDERING SERVICES*.
- For High Tech Radiological Services such as an MRI, MRA, CAT or PET Scan, or Nuclear Medicine/Cardiology, call The Benefits Management Program for Prospective Procedure Review at (877) 7-NYSHIP (877-769-7447) *PRIOR TO RENDERING SERVICES*
- For ordinary (general) medical care/verification of coverage. Call (877) 7-NYSHIP (877-769-7447) with your general coverage questions.

Both the provider and the patient will be informed of the outcome of this request, which is valid, in most cases, for up to six months.

Member Information															
Insured ID#										Policy Group #				30500	
Insured First Name						Insured Last Name									
Patient First Name						Patient Last Name						Date of Birth			
Rendering Physician / Other Health Care Provider Information															
Individual Provider Name							Provider Group/Association Name								
Business Address															
Billing Tax ID#										Phone				Ext.	
Contact	Name						Phone				Ext.				
	Email						Fax								
Services to be Performed															
Location of Proposed Services		<input type="checkbox"/> Office <input type="checkbox"/> Inpatient Hospital* <input type="checkbox"/> Outpatient Hospital* <input type="checkbox"/> Ambulatory Surgery Center* <input type="checkbox"/> Other*													
* Facility Name / Facility ID															
Detailed Description (if code is unlisted, describe service/procedure)							CPT/ HCPCS Code(s)			Diagnosis		Estimated Fee(s)			
Accident Information															
Is proposed service(s) related to an accidental injury?						<input type="checkbox"/> YES <input type="checkbox"/> NO (if yes, complete below)									
Date of Injury				Place of Injury											
Medical Documentation Required for Review															
<ul style="list-style-type: none"> • For specific information requirements, physicians may refer to: Commercial Policy Benefits Plans for Providers UHCprovider.com • Include high quality photographs when applicable. Please do not fax photographs. If photos are necessary, please send them with the Predetermination form at uhcprovider.com. 															
Signature of Physician or Supplier															
I hereby attest that the statement below applies to this request, and that I, acting as the patient's designee both have their permission to and agree to release of any clinical information necessary to process this predetermination of benefits.															
Signature:										Date:					
INSURANCE FRAUDS PREVENTION ACT															
The following statement is printed pursuant to Regulation 95 of the New York State Insurance Department. "Any person who knowingly and with intent to defraud any insurance company or other person files a statement or claim containing any materially false information, or conceals for the purpose of misleading information concerning any fact material thereto, commits a fraudulent insurance act, which is a crime, and shall also be subject to a civil penalty not to exceed five thousand dollars and the stated value of the claim for each violation.															

Please note that payment will be based on the submitted claim and the actual health care services received, the guidelines and policies in place at the time of service, applicable state and/or federal mandates and/or regulations, and the patient's plan when the services are received. The information in our response does not guarantee payment or represent a treatment decision. Treatment decisions are made between the patient and their physician or health care professional. We reserve the right to request medical records, at the time the claim is received to verify services.