F A X
Coversheet

Fax back coversheet for Provider or Facility to submit Medical Necessity Review request (please utilize this coversheet when faxing back your request)

Date:	**Sender Name:**	
To: *UM Intake Team* - MedCom	**Sender Phone Number:**	
Department: *UM Department- Precert review*	**Department:**	
Fax: 1-509-328-9777	**Fax**:	
Patient:	**Patient DOB:**	**Total # Pages:**

☐ Urgent ☒ For Review ☐ Please Reply ☒ Confidential

Message:

PLEASE FAX INFORMATION TO:

Fax: 1-509-328-9777 or Secure Email: UMFax@personifyhealth.com
Please do not fax photographs

REV: 09/2025

Precertification
Request Form

☐ Routine ☐ Urgent

Contact Information

Date:		Referral Coordinator:		From:	☐ Facility ☐ Provider
Phone:		Ext:		Fax:	

Patient Information

Patient Name:		DOB:		Phone:	
Employee ID #:		Employee Name:			
Address:		City:		State:	ZIP:
Patient has other insurance?	☐ Yes ☐ No	Name of Other Insurance:			
Did you call in for precert?	☐ Yes ☐ No	If yes: Date:		Time:	Time Zone

Facility Information

Facility Name:		Tax ID:		NPI:	
Address:		City:		State:	
Phone:		Fax:		Zip:	

Attending Physician

Physician Name:		Specialty:		NPI:	
Address:		City:		State:	
Phone:		Fax:		Zip:	

Requested Services

Provide at least one code in each of the following sections as well as a brief description of services requested.

ICD-10 Codes:							
CPT/HCPCS:							
Description:							
Outpatient	☐ Yes	☐ No	Date of Service:				
Inpatient	☐ Yes	☐ No	Admit Date:				
From:		To:		Days/visits:		DME Purchase:	DME Rental:

Please complete form and return with any supporting clinical documentation to: Fax: 1-509-328-9777 or Secure Email: UMFax@personifyhealth.com

For questions, please contact customer service via phone. The number can be found on the back of the ID card.

IMPORTANT NOTICE

*Note: Use of non-network providers may result in a reduction of benefits payable by the Health Plan. Please ensure that all providers of service are participating in the Network assigned by your Health Plan, as this is subject to change. The Health Plan sponsored by the above Employer Group has certain provisions requiring medical necessity review. Please be advised that our Utilization Management Program cannot deny medical attention. Precertification involves a review of medical necessity only and does not guarantee payment or confirm coverage. Benefit payments are based on eligibility and the Schedule of Benefits under the Plan at the time of service, and are subject to all Limitations and Exclusions, including limitations and exclusions for Pre-Existing conditions. Please review your Plan Document or contact Customer Service regarding Benefits and Eligibility questions.