



Pre-certification Fax Form for Out-of-Area INPATIENT Notification

Fax No. (915) 298-5278/Toll Free (844) 200-5278

Web Portal: www.epfirst.com

Phone No. (915) 532-3778/Toll Free (877) 532-3778

PLEASE NOTE: All services requiring pre-certification (other than on an emergency basis) must be approved in advance by a HMO Medical Director/designee. Pre-certification is subject to all terms and conditions of the Health Service Contract and is only valid for eligible health plan member at time of service.

FACILITY NAME: _____			
FACILITY ADDRESS: _____			
		City	State
		Zip Code	
TPI #: _____	NPI # _____		
CONTACT PERSON: _____			
PHONE: _____		FAX: _____	
PROCEDURE CODES (CPT CODE): _____			
IF PATIENT IS TRANSFER, FROM WHAT FACILITY: _____			
WHAT HOSPITAL UNIT IS PATIENT BEING TRANSFERRED TO _____			
PATIENT ARRIVED BY: <input type="checkbox"/> AIR AMBULANCE <input type="checkbox"/> LAND AMBULANCE <input type="checkbox"/> PRIVATE TRANSPORT <input type="checkbox"/> OTHER			
OTHER INSURANCE: _____			<input type="checkbox"/> SSI

NOTE: PLEASE FAX INITIAL CLINICAL INFORMATION WITHIN 24 HOURS OF ADMISSION TO THE UM UNIT AT 915-298-5278, FAILURE TO DO SO MAY RESULT IN DELAY OR DENIAL OF AUTHORIZATION. EL PASO FIRST REQUESTS SUBSEQUENT CLINICAL INFORMATION EVERY OTHER DAY.

MEMBER NAME: _____		MEMBER I.D.: _____	
DOB: _____	MR # _____	ACCT # _____	
ADMIT DATE: _____	RM # _____	UNIT: _____	DISCHARGE DATE (if applicable): _____
ADMITTING PHYSICIAN: _____		ADMITTING DIAGNOSIS (ICD-9): _____	
OTHER DIAGNOSIS (ICD-9): _____			

ADMITTING Physician's Name: _____			
TPI #: _____		NPI # _____	
CONTACT PERSON: _____			
PHONE: _____		FAX: _____	
PROCEDURE CODES (CPT CODE): _____		TYPE OF SERVICE: _____	

SURGEON'S Name: _____			
TPI #: _____		NPI # _____	
CONTACT PERSON: _____			
PHONE: _____		FAX: _____	
PROCEDURE CODES (CPT CODE): _____		TYPE OF SERVICE: _____	

OTHER Physician's Name: _____			
TPI #: _____		NPI # _____	
CONTACT PERSON: _____			
PHONE: _____		FAX: _____	
PROCEDURE CODES (CPT CODE): _____		TYPE OF SERVICE: _____	

THIS PRECERTIFICATION DOES NOT GUARANTEE PAYMENT OF BENEFITS NOR VERIFY ELIGIBILITY. PAYMENT OF BENEFITS IS SUBJECT TO ALL TERMS, CONDITIONS, LIMITATIONS AND EXCLUSIONS OF THE MEMBER'S CONTRACT. REGARDLESS OF A DETERMINATION, MEDICAL, DECISIONS REGARDING A COURSE OF TREATMENT ARE SOLELY BETWEEN THE PHYSICIAN AND THE PATIENT.