



STANDARD PRE-TREATMENT REQUEST

Please return below form and clinicals to Attn: Utilization Management

Fax: (855) 999-3896

Mail: Allegiance Benefit Plan Management, Inc.
P.O. Box 3018
Missoula, MT 59806-3018

Phone: (800) 877-1122

INFORMATION MUST BE SUBMITTED BY ORDERING PHYSICIAN

Sent By: _____

Patient Name:	Patient Health Plan ID:	Patient Plan Group #:	Patient Date of Birth:
Provider Name:	Provider Address:	Provider TIN & NPI:	Provider Phone: Provider Fax:
Facility Name:	Facility Address:	Facility TIN & NPI:	Facility Phone: Facility Fax:
Requested Date:		Scheduled Date:	
CPT Codes:		ICD-10 Codes:	

Inpatient

Outpatient

Please provide the following information:

1. A complete description of the procedure(s) or treatment(s) for which a pre-treatment review is requested;
2. A complete diagnosis and all medical records regarding the condition that supports the requested procedure(s) or treatment(s), including, but not limited to, informed consent form(s) all lab and/or x-rays, color photos, or diagnostic studies;
3. An itemized statement of the cost of such procedure(s) or treatment(s) with corresponding CPT or HCPCS codes;
4. The attending Physician's prescription, if applicable;
5. A Physician's referral letter, if applicable;
6. A letter of medical necessity;
7. A written treatment plan; and
8. Any other information deemed necessary to evaluate the pre-treatment review request.

Upon receipt of all required information, the Plan will provide a written response to the written request for pre-treatment. Please allow 3 business days for a response.

The benefits available are conditional on the participant's employment status, plan eligibility, payment of premium, amount of benefits remaining, plan provisions and plan exclusions. If information obtained at the time of claim places the service(s) in an excluded category or definition, the claim will not be payable. The benefits quoted are not guaranteed. Final determination of benefits to be paid will be made at the time a claim is submitted for payment, with review of the necessary medical records and other information.