

Please return completed form to the Utilization Management Department at (401)459-6023. Please refer to Neighborhood's *Clinical Medical Policy* which is available on our Neighborhood web site, www.nhpri.org for more detailed information about this benefit, authorization requirements, and coverage criteria.

MEMBER INFORMATION			
Member's Name:		Member's ID #:	Member's DOB:
PROVIDER INFORMATION			
Provider's Name:		Supplier ID or NPI #:	Date of Request:
Date of Service:		Previous Auth #:	Place of Service (City/Town)/Facility:
Provider's Phone #:		Provider's Fax #:	Provider's Contact Name:
CLINICAL INFORMATION			
CPT Code:	Units:	CPT Code:	Units:
Diagnosis:		Diagnosis Code:	
1. Is the patient pregnant and in the second or third trimester of pregnancy?		Yes <input type="checkbox"/> No <input type="checkbox"/> If yes, due date:	
2. Is the patient currently receiving treatment for any acute conditions or trauma?		Yes <input type="checkbox"/> No <input type="checkbox"/> Diagnosis	
3. Is the patient scheduled for surgery or hospitalizations during the next 90 days?		Yes <input type="checkbox"/> No <input type="checkbox"/> If yes, list hospital and type of surgery or treatment scheduled:	
4. Is the patient involved in a course of chemotherapy, radiation therapy,		Yes <input type="checkbox"/> No <input type="checkbox"/> Cancer Therapy or Terminal Care Please describe:	
5. Is the patient a candidate for an organ transplant?		Yes <input type="checkbox"/> No <input type="checkbox"/>	
6. Is the patient receiving treatment as a result of a major surgery?		Yes <input type="checkbox"/> No <input type="checkbox"/> Surgical Procedure:	
7. Please describe the condition and treatment plan for which the patient requests Continuity of Care:			
NOTE: THIS FORM MUST BE SIGNED BY A PHYSICIAN			
Signature of Treating Physician:		Date:	
NEIGHBORHOOD DECISION			
<i>Authorization is not a guarantee of payment.</i>			
Authorization #:	Dates of Service:	Services Approved:	
UM Initials:	Notification Date:	<input type="checkbox"/> Not Approved - Letter to Follow	