



OptiCare Managed Vision  
112 Zebulon Court

Rocky Mount, NC 27804

Medical Pre-certification Request

Phone Toll Free (800) 465-6972

Please fax your request to: (252) 451-2133

\_\_\_\_\_ EMERGENT  
\_\_\_\_\_ URGENT  
\_\_\_\_\_ ROUTINE

Date \_\_\_\_\_ Office Contact \_\_\_\_\_ Phone \_\_\_\_\_ Fax \_\_\_\_\_

Referring Physician \_\_\_\_\_ Referred to Physician \_\_\_\_\_ NPI# \_\_\_\_\_

Co-Management: Please specify Co-managing Provider \_\_\_\_\_

Patient Name (Last) \_\_\_\_\_ (First) \_\_\_\_\_ (Middle) \_\_\_\_\_ DOB \_\_\_\_\_

ID # \_\_\_\_\_ HMO (Plan) \_\_\_\_\_ Group # \_\_\_\_\_

Other Insurer (if any) \_\_\_\_\_

Date of Admit \_\_\_\_\_ Date of Surgery \_\_\_\_\_ IP/OP (Circle One) Anticipated LOS \_\_\_\_\_

Facility Name & Address \_\_\_\_\_

Diagnosis: (must be provided)

Procedure: (must be provided)

ICD 9 \_\_\_\_\_ Description \_\_\_\_\_ CPT \_\_\_\_\_ Description \_\_\_\_\_ RT LT 50

ICD 9 \_\_\_\_\_ Description \_\_\_\_\_ CPT \_\_\_\_\_ Description \_\_\_\_\_ RT LT 50

ICD-9 \_\_\_\_\_ Description \_\_\_\_\_ CPT \_\_\_\_\_ Description \_\_\_\_\_ RT LT 50

PCP Referral Number: \_\_\_\_\_ Effective date \_\_\_\_\_ Expiration date \_\_\_\_\_

Medical Reason for Request \_\_\_\_\_

Attach additional pages if necessary

Patient's Subjective Complaint: \_\_\_\_\_

Patient's BCVA: OD \_\_\_\_\_ OS \_\_\_\_\_

Signature of Attending Physician: \_\_\_\_\_ Date \_\_\_\_\_

Office Location: \_\_\_\_\_

PRE CERTIFICATION/AUTHORIZATION IS NOT A GUARANTEE OF PAYMENT. COVERED SERVICES ARE BASED ON MEMBER ELIGIBILITY AND BENEFIT LIMITATIONS AT THE TIME SERVICE(S) ARE RENDERED.

**DO NOT WRITE BELOW THIS LINE - FOR OFFICE USE ONLY**

Reviewing Physician \_\_\_\_\_ Approve \_\_\_\_\_ Approved LOS \_\_\_\_\_

Denied: \_\_\_\_\_ Rationale for Denial: \_\_\_\_\_

Recommendation for alternative treatment(s) \_\_\_\_\_

Reviewing Physician Signature \_\_\_\_\_ Date \_\_\_\_\_

Authorization # \_\_\_\_\_ or Denial Reference # \_\_\_\_\_ Date \_\_\_\_\_

Medical Claims Administrator Signature \_\_\_\_\_

**If Denied: Please refer to your Provider Manual or call 1-800-465-6972 to be informed of your appeal rights**

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