



東北醫療中心

Management Services Organization (MSO)
1710 Gilbreth Road
Burlingame, CA 94010
Phone (415) 352-5186 Fax (415) 398-2895

TREATMENT AUTHORIZATION FORM

TYPED ONLY - NO HANDWRITTEN FORMS

NOTE: ALL FIELDS ARE REQUIRED

Today's Date:

(MM-DD-YYYY)

Type of Request	☐ Routine	☐ Urgent (must select reason below)	☐ Retro (30 calendar days)	Date From (MM-DD-YYYY)	Date To (MM-DD-YYYY)
Urgent Reason	☐ Physician Administrated Drugs/Medicare Part B Drugs				
	☐ Hospital Discharge				
	☐ Life, health, or maximal function in jeopardy - describe:				

Member Information	Member Name	Date of Birth (MM-DD-YYYY)	Member ID #
Requesting Provider	Provider Name	NPI	
	Contact Person	Phone #	Fax #
	Street Address	City	State Zip
Rendering Provider	Provider Name	NPI	Specialty
	Facility	NPI	
	Contact Person	Phone #	Fax #
	Street Address	City	State Zip

	Diagnosis Code (ICD-10)	Description (optional)	Type of Service
1.			☐ Inpatient ☐ Outpatient
2.			☐ Office ☐ DME ☐ Home
3.			☐ Other (describe)
4.			

Procedure Code (CPT code)	Modifier	Units	Specific Service Requested (optional)

Additional Notes: Attach appropriate documentation to support your request

Important Note: Payment is contingent upon eligibility at the time of service. Providers are responsible for checking patient eligibility prior to rendering services by verifying eligibility directly with member's health plan. Payment to non-contracted/out-of-network providers is based on the current CMS Medicare or DHCS Medi-Cal fee schedule according to member's eligibility at the time of service.