

# REFERRAL AND PRE-AUTHORIZATION FORM

Use for WVP Plans:

Willamette Valley Community Health CCO (WVCH)  
Atrio Health Plans(North: Marion and Polk Counties)

## FAX NUMBERS:

ALL WVCH SALEM CLINIC REQUESTS: 503-371-4175  
WVCH CCO PRODUCT: 503-581-7417

ATRIO MEDICARE PRODUCT: 503-581-7422  
ATRIO EXCHANGE PRODUCT: 503-485-3226

PHARMACY REQUESTS FOR ALL PLANS(Not Salem Clinic): 503-581-7353

Routine     Urgent-Loss of Life/Limb in 72 hours\*     Emergent-Loss of Life/Limb in 24 hours\*

\*Provide After Hours Contact for Non-Routine Requests: \_\_\_\_\_

Date of Request: \_\_\_\_\_

Reference Number: \_\_\_\_\_

### Provider Information

### Member Information

Name: \_\_\_\_\_

Name: \_\_\_\_\_

Office Staff: \_\_\_\_\_

ID #: \_\_\_\_\_ DOB: \_\_\_\_\_

Phone: \_\_\_\_\_

Phone: \_\_\_\_\_

Fax: \_\_\_\_\_

### Referral Only

START DATE: \_\_\_\_\_ END DATE: \_\_\_\_\_ NUMBER OF VISITS: \_\_\_\_\_

REFERRED TO PROVIDER & SPECIALTY: \_\_\_\_\_

PROVIDER PHONE AND ADDRESS\*: \_\_\_\_\_

*\*Only for out of area providers*

DIAGNOSIS CODE(S): \_\_\_\_\_

Grant Sub-Referral Authority:  Allow Surgery/Hospitalization:  Allow Diagnostic Studies:  Patient Request:

### PROCEDURE PRE-AUTHORIZATIONS ONLY

FACILITY: \_\_\_\_\_

CPT (PROCEDURE CODES): \_\_\_\_\_

Submit request with supporting documentation including as appropriate:  
Chart notes, lab work, imaging reports, etc.