

**Phone:** (855) 699-0419

**Fax:** (682) 477-3868

**Email:** [prenotification@onesharehealth.com](mailto:prenotification@onesharehealth.com)  
(all emails containing PHI should be sent securely)

**Timeframes for review begin when ALL required medical records are received.**

**All fields are REQUIRED.** An incomplete request form will delay the pre-notification process. Completion of this form is solely for the purposes of **initiating** a pre-notification request. Completion of the form does **NOT** mean that pre-notification has been completed.

- Standard Request:** Allow 5-7 business days
- Standard Request/Quick Response:** Process quickly due to date of service/scheduling constraints, allow 3-5 business days
- Expedited Request:** Allow 1-2 business days

**Definition of Expedited/Urgent:**

- Life Threatening is any condition if not immediately in receipt of medical treatment has a high likelihood of death or causing major irreversible bodily harm (including but not limited to loss of limb, sight, shock, severe burns, etc).
- In the opinion of the practitioner, without care or treatment that is listed in the Expedited Request, it would subject the member to life threatening consequences.

**Physician Signature** \_\_\_\_\_ **Date** \_\_\_\_\_

**Single Case Agreements, Letter of Agreements, and other negotiations are for approved prenotifications ONLY, and should be initiated at least two weeks prior to scheduled date of service.**

<b>Member Information</b>		<b>Pre-Notification #:</b> (internal use only)	
<b>Last Name:</b>		<b>First Name:</b>	
<b>ID #</b>	Date of Birth	Gender	F <input type="checkbox"/> M <input type="checkbox"/>
<b>Requesting Provider Information (Primary Care or Specialist)</b>			
Name:	Provider # or Tax ID:	NPI:	
Telephone/Ext:	Fax:	Contact Person:	
<b>Service Provider or Facility (e.g., Specialist, PCP, Hospital, Surgery Center, etc.)</b> <b>For Non-Par providers, please include: Name, Address, Tax ID, NPI, Phone /Fax Numbers &amp; Contact Person.</b>			
Name:	Provider # or Tax ID:	NPI:	
Telephone/Ext:	Fax:	Contact Person:	
<b>Requested Service: Please Include supporting chart notes, Diagnostic tests &amp; Lab Values when appropriate.</b>			
<ul style="list-style-type: none"> <li>• A 24-month pre-existing look back from member effective date, applies to all OneShare programs</li> <li>• A 5 year Pre-Existing Lookback on all Cancer, Radiation, Chemo, Biopsy, or other Cancer Treatments</li> </ul>			
<input type="checkbox"/> In Patient Admission	<input type="checkbox"/> In Patient Rehabilitation	<input type="checkbox"/> Chemotherapy/Radiation	<input type="checkbox"/> Cardiac Procedures
<input type="checkbox"/> Outpatient Surgery	<input type="checkbox"/> Home Health	<input type="checkbox"/> Skilled Nursing	<input type="checkbox"/> Other*
<b>Diagnosis: ICD-10 Code and Description</b>			
Code:	Code:	Code:	
Description:	Description:	Description:	
<b>Procedure: CPT Code/HCPCS and Description</b>			
Code:	Description:		
Code:	Description:		
Code:	Description:		
Code:	Description:		
Code:	Description:		
Code:	Description:		

**A PRE-NOTIFICATION DOES NOT GUARANTEE PAYMENT AND DOES NOT SUPERSEDE ANY PROGRAM GUIDELINES OR LIMITS.**

Pre-Notification eligibility is not a determination of medical necessity, it is a review to determine if medical services meets member's program guidelines. All treatment decisions are between the member, the patient and their healthcare provider. All shared services determinations are subject to eligibility at the time of the service and all terms, limitations and provisions of the program documented or membership.

**Please note if we do not receive the requested records within 30 days of request we may deny pre-notification for lack of records.** Eligibility reviews and the determination for eligibility will be based on the member's program guidelines, as outlined in the Member's guidebook, which can be found online at <https://www.onesharehealth.com/en/health-sharing-guidebooks>.