



Date:	Referral Coordinator:				From:	Facility Provider
Phone:	Ext:	Fax:			Intake:	

Patient Information:

Patients Name:	DOB:	Phone:				
Subscriber Name:	DOB:	Phone:				
Subscriber ID:	Address:					
City:	State:	Zip:				

Facility Information:

Facility Providing Services:					
Address:	City:	State:			
Phone:	TID:	Zip:			

Service Provider Information:

Physician Name:	Specialty:				
Address:	City:	State:			
Phone:	TID:	Zip:			
Requested Service: Please provide at least one code in each of the following sections as well as a brief description of services requested					
ICD 10:					
CPT4 / HCPCS:					
Days:	Peer Contact:				
Visits:					

PLEASE REMEMBER TO INCLUDE ALL CURRENT/RELEVANT CLINICAL DOCUMENTATION.

Please provide photos for any potentially cosmetic procedures. Upon completion of the form you may submit your precertification request online at <http://berkeley.wellfleetinsurance.com/ship> by selecting Provider forms, via fax to the primary line at 559-243-7012 or the secondary line at 559-499-1001. For any questions please contact Member Services at (833) 302-9785.

*If services require a referral, this form does not replace the referral request form. A referral form will also need to be submitted. You can obtain a referral request form at: <https://uhs.berkeley.edu/sites/default/files/ship-referralrequestform.pdf>

For UM office Use Only					
Group Name:	University of California, Berkeley			Network:	
Reviewed By:	Review Date:				
Approval #:	DOS:				
Precert #:	Denial Code:				
Savings:	Savings Type:				
Billed Amount \$:	Comment:				

*Note: Use of non-network providers may result in a reduction of benefits payable by the Health Plan. Please ensure that all providers of service are participating in the Network assigned by your Health Plan, as this is subject to change. The Health Plan sponsored by the above Group has certain provisions requiring medical necessity review. Please be advised that the Utilization Management Program cannot deny medical attention. Precertification involves a review of medical necessity only, and does not guarantee payment or confirm coverage. Benefit payments are based on eligibility and the Schedule of Benefits under the Plan at the time of service, and are subject to all Limitations and Exclusions. Please review your Plan Brochure or contact Member Services regarding Benefits and Eligibility questions.
Revised: 06/26/19