INSURANCE MANAGEMENT SERVICES
www.imstpa.com • P.O. Box 15688 • Amarillo, TX 79105

Pre-Determination Request

Fax to: (806) 373-1458

MANAGED CARE
P.O. Box 15688 • Amarillo, TX 79105

A PreDetermination is a courtesy review provided by IMS / IMS Managed Care. The PreDetermination is provided to determine if the treatment requested is medically necessary, and a covered service. Expected review completion is within 5-7 business days.

Please verify benefits and eligibility for services, and document the Call Reference # provided: _____

Requested by:_____ Phone number:_____

Requested date:_____ Fax Number:_____

All fields in the request should be completed prior to submission of your request. Blank fields may delay the review process.

PROVIDER / FACILITY INFORMATION

Physician Name:_____ **Facility** Name:_____

Physician Tax ID:_____ **Facility** Tax ID:_____

Physician Phone:_____ **Facility** Phone:_____

Physician Fax:_____ **Facility** Fax:_____

Physician Address:_____ **Facility** Address:_____

PATIENT INFORMATION

Patient Name: _____ **DOB:** _____

SS# of Insured: _____ **Phone:** _____

Employer: _____ **GROUP/Cert#:**_____

OTHER INFORMATION

Please provide supporting documentation for your request, such as History & Physical, Dr. Orders, Plan of care, office/progress notes, current Lab & Diagnostic Imaging reports. Fax them along with this completed form. If these documents are not submitted with the request, delays may be incurred. Fax # (806) 373-1458.

Date Procedure/Treatment is scheduled:_____ Outpatient Services: Yes □ or No □

Diagnosis: 1. _____ ICD-10:_____

2. _____ ICD-10:_____

If this is for Infusion services, please note where the infusion will occur:
□ **Self-administered** □ **Physician Office** □ **Home Infusion** □**Infusion Center**_____

Treatment Plan:_____

Treatment/Procedure description and codes:

_____ # of units _____ CPT/HCPC:_____ Billed Amt $: _____

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The determination is based on medical necessity and does not affect or restrict an any manner the physician's authority or responsibility of patient care. All benefits are subject to the terms and provisions of the employer's health care benefit plan and will be based on the member's eligibility status at the time the charges are incurred.

Rev 12-2018