



Hemet Community Medical Group, Inc.

1545 W. Florida Ave., Hemet California 92543 (951) 791-1111

- Family/Seniors Medical Group, Inc.
- Hemet Community Medical Group, Inc.
- Menifee Valley Medical Group, Inc.
- Temecula Valley Physicians Medical Group, Inc

PRIOR AUTHORIZATION CLINICAL CRITERIA REQUEST FORM

Please complete this form and fax it to Hemet Community Medical Group to receive a copy of the clinical criteria used to make a clinical decision for prior authorization. ALL fields must be completed before faxing. Please fax the completed form to 1-888-856-5594.

SECTION I: PATIENT INFORMATION

LAST NAME, FIRST NAME (PLEASE PRINT)	DOB (MM/DD/YYYY)
STREET ADDRESS	PHONE NUMBER
CITY	STATE
CARDHOLDER ID #	ZIP CODE

SECTION II: PHYSICIAN/PROVIDER INFORMATION

PHYSICIAN/PROVIDER NAME	
PHYSICIAN /PROVIDER ADDRESS (STREET, CITY, STATE, ZIP CODE)	
PHYSICIAN /PROVIDER PHONE NUMBER	PHYSICIAN /PROVIDER FAX NUMBER

SECTION III: REQUESTED SERVICE INFORMATION

DESCRIBE SERVICE OR PROCEDURE REQUESTED

DISCLAIMER: Incomplete or illegible forms and missing fields may delay the processing of your request. Please complete all fields to ensure appropriate processing.

CONFIDENTIALITY NOTICE: This communication and any attachments may contain confidential and/or privileged information for the use of the designated recipients named above. If you are not the intended recipient, you are hereby notified that you have received this communication in error and that any review, disclosure, dissemination, distribution, or copying of it or its contents is prohibited. If you have received this communication in error, please notify the sender immediately by telephone and destroy all copies of this communication and any attachments.

PRIVACY DISCLAIMER: Privacy is important to us. Our employees are trained regarding the appropriate way to handle plan participants private health information.