care n care
Insurance Company, Inc.

Silverback Care Management

PHONE: 855-359-9999 FAX: 888-965-1964

❑ Pre-Certification ❑ Referral/Notification

Health Plan/Payor: ❑ Care N' Care PPO ❑ Care N' Care HMO

Submitted by:(select one) ❑ PCP Office ❑ Specialist Office Today's Date:	
Person to contact for this Submission:	
Phone:	Fax:

Patient's Name:	DOB	Member ID:
Patient PCP:		NPI:

Proposed Date of Service:	
Treating Provider:	NPI:
Other Provider Name: (i.e. Facility)	NPI:
Phone:	Fax:
❑ Outpatient ❑ Office ❑ Inpatient	

ICD-10 CM Diagnosis Description	ICD-10 CM Code

Procedure: CPT/HCPCS Exact Description	CPT/HCPC Code	# of Visits

Enter any notes pertinent to this standard request: PLEASE SUBMIT CLINICAL DOCUMENTATION WITH ALL PRECERTIFICATION SUBMISSIONS

☒ **FOR EXPEDITED REQUESTS ONLY.** Check is requesting an expedited review that meets CMS definition that determination could seriously jeopardize the life or health of the member or the member's ability to regain maximum function.

Authorization does not guarantee or confirm benefits will be paid. Payment of claims is subject to eligibility, contractual limitation, provisions and exclusions.