

Transfer of Prior Authorization



If you are a new member of a Surest plan (a UnitedHealthcare company) and were granted a prior authorization from your previous health plan carrier, Surest will cover the services included in that prior authorization for at least 90 days from the day you began coverage with Surest. In order to receive coverage, you must complete this form and include a copy of the previous carrier's approval letter and your service must be a covered health care service under your new Surest plan. **Exception:** California has a **180-day** transfer of prior authorization time period.

Step 1

To begin the Transfer of Prior Authorization process, please contact Surest at 877-842-3210.

Step 2

To complete this form:

- Please complete and return this form within 90 days from the first day you became covered by a Surest plan. **Exception:** California has a **180-day** transfer of prior authorization time period.
- Please attach a copy of the previous health plan's prior authorization documentation, such as an approval letter
- Please make sure all fields are complete. When the form is complete, it must be signed by the member for whom the Transfer of Prior Authorization is being requested. If the patient is a minor, a guardian's signature is required.
- You must complete a separate form for each prior authorization from your previous health plan carrier
- Please fax this completed form along with your prior authorization documentation within 90 days following the effective date of your Surest plan to **855-374-1943**. **Exception:** California has a **180-day** transfer of prior authorization time period.
- After receiving your request, Surest will review and evaluate the information provided. Incomplete forms will be returned to the requester. If the form is complete, and your service is a covered health care service under your new Surest plan, we will send you a letter to let you know that we will provide coverage for the services.
- If you need additional services after 90 days, you will be required to follow your Surest plan requirements. **Exception:** California has a **180-day** transfer of prior authorization time period.
- For Behavioral Health services, please contact your behavioral health carrier by calling the customer services phone number on your health care ID card
- Claim will be administered at the appropriate benefit level based on network status of Provider

Member Information		
Patient Name	Member ID Number	Patient's Date of Birth (mm/dd/yyyy)
Address	City	State/Zip Code
Home/Cell Phone Number	Work Phone Number	
Employer Name	Date of Enrollment in the Plan (mm/dd/yyyy)	
Member's Relationship to the Employee:	Self	Spouse
	Dependent	Other
Authorization to release records: I authorize all physicians and other health care professionals or facilities to provide Surest information concerning medical care, advice, treatment or supplies for the member named above. This information will be used to determine the member's eligibility for Transfer of Prior Authorization benefits under the plan.		
Member's Signature/Parent or Guardian's Signature if Member is a Minor		Date (mm/dd/yyyy)

Care Provider Section—Your health care professional should complete the following information:					
Requesting Provider Name		National Provider Identifier (NPI) or Tax ID Number (TIN)		Phone Number	
Address		City		State/Zip Code	
Hospital/Outpatient Facility Name and Tax ID Number (TIN)				Hospital/Facility Phone Number	
Servicing Provider Name (if different from Requesting Provider)		National Provider Identifier (NPI) or Tax ID Number (TIN)		Phone Number	
Address		City		State/Zip Code	
Diagnosis			CPT Codes Approved		
UnitedHealthcare Service Reference Number (SRN)		Dates of Service (mm/dd/yyyy) Approved		Visits Approved (if applicable)	
Drug Name if applicable:			Units Approved (if applicable):		
Place of Service: Acute Hospital Home Inpatient Office Outpatient Skilled Nursing Facility Hospice			Services Requested: DME Hospice Medical Pharmacy Surgical Transportation		
Current and Associated Treatment(s)/Comments 					
The above-named patient is a Surest member. We understand you are a participating provider in the UnitedHealthcare network. Please note the following: <ul style="list-style-type: none"> • If applicable, payment under your participation agreement, together with any copayment, deductible, or coinsurance for which the member is responsible under the plan is payment in full for the covered service and you will not seek to recover, and will not accept any payment from the member, UnitedHealthcare, or any payer or anyone acting on their behalf, in excess of payment in full, regardless of whether such amount is less than your billed or customary charge • Upon request, you will share information regarding the member's treatment with us • If applicable, you will make referrals for services including laboratory services to network providers in accordance with the terms of your participation agreement 					
Signature of Health Care Professional				Date (mm/dd/yyyy)	

CONFIDENTIALITY NOTICE: Information in this document is considered to be Surest confidential and/or proprietary business information. Consequently, this information may be used only by the person or entity to which it is addressed. Any recipient shall be liable for using and protecting Surest proprietary business information from further disclosure or misuse, consistent with recipient's contractual obligations under any applicable administrative services agreement, group policy contract, non-disclosure agreement or other applicable contract or law.

The information you have received may contain protected health information (PHI) and must be handled according to applicable state and federal laws, including but not limited to HIPAA. Individuals who misuse such information may be subject to both civil and criminal penalties.

Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim containing any materially false information, or conceals for the purpose of misleading, information concerning any fact material thereto, may commit a fraudulent insurance act, which may be a crime, and may also be subject to a civil penalty for each violation.