

HEALTHCHOICE

3545 NW 58th St., Ste. 500, Oklahoma City, OK 73112
Phone 1-405-717-8879 or 1-800-543-6044
FAX: 1-405-717-8947 or 1-405-717-8935

PROTON BEAM RADIATION REQUEST

This form must be completed and accompany all requests. Incomplete forms will not be reviewed.

Billing Provider: _____ Date: _____

Billing Address: _____

TIN: _____ Contact Person: _____

Contact Phone #: _____ Fax #: _____

Patient: _____ DOB: _____

Primary Member: _____ Member ID #: _____

ICD codes(s): _____

HCPCS code(s): _____

CPT code(s): _____

Number of Services to be Rendered: _____

Beginning Date of Service: _____

NOTE: Please provide a physician's letter of medical necessity or clinical office notes outlining the previous treatments provided to the patient.

Comments: _____

****All information is required for review. Information provided is private and confidential.****

NOTE: These benefits are applicable only if the patient is an eligible enrolled member of a HealthChoice plan. All benefits are subject to the deductible, coinsurance and policy provisions. Please verify benefits and eligibility by calling the medical claims administrator at 1-405-416-1800 or toll-free 1-800-782-5218.

Medicare Patients: If HealthChoice is the supplement insurance carrier, authorization from HealthChoice is not required. Please contact Medicare.