



PacificSource Community Health Plans
 2965 NE Conners Avenue, Bend, OR 97701
 541.385.5315 888.863.3637
 Medicare.PacificSource.com

Utilization Review Submission Form

Initial reviews must be submitted within 48 hours of admission. Please fax the completed form to:

OREGON: (541) 330-2558

IDAHO: (208) 395-2696

Submitted Date:	Submission Type: <input type="checkbox"/> Initial <input type="checkbox"/> Concurrent	
Facility Name:	City, State:	
Reviewer Name:		
Reviewer Phone:	Fax:	
PATIENT INFORMATION		
Patient Name (First, M.I., Last):		
Member Id#:	DOB:	
LOB/Service Line: <input type="checkbox"/> Community Solutions <input type="checkbox"/> Medicare <input type="checkbox"/> Commercial		
Facility Reference#:	Auth#:	
ADMIT INFORMATION		
Admitting Provider:		
Admit Type: <input type="checkbox"/> Elective <input type="checkbox"/> ER	Admit Date:	
Admitting Diagnosis or Presenting Signs & Symptoms – please list:		
Procedure (surgery, diagnostics, treatment) – please describe:		
Pertinent History – please describe and attach pertinent information (H&P, orders, discharge summary):		
DISCHARGE DISPOSITION		
<input type="checkbox"/> Home <input type="checkbox"/> Home Health <input type="checkbox"/> Assisted Living <input type="checkbox"/> Skilled Nursing Facility <input type="checkbox"/> Long-Term Care <input type="checkbox"/> Other _____		
Discharge Planning – please describe:	Discharge Date:	

PacificSource Community Health Plans is an HMO/PPO plan with a Medicare contract.