



Treatment Authorization Form

If you need access to the referral management system, EZ NET, please visit <https://eznetportal.capitalhealthpartners.com/EZ-NET60/Login.aspx> for EZ NET portal sign up and training.

Eligibility must be confirmed with the health plan within 2 business days prior to providing the service. Documented proof of verification of eligibility (i.e. print screen from on-line verification or faxed confirmation from health plan) may be required for payment.

| PATIENT INFORMATION | | | | |
|--------------------------------|---|---|--|---|
| | | | | |
| PATIENT'S FIRST NAME | PATIENT'S LAST NAME | AGE | SEX | DATE OF BIRTH |
| | | | | |
| PATIENT ADDRESS | CITY | ZIP | PHONE | PCP |
| | | | | |
| HEALTH PLAN | | MEMBER ID | MEMBER EFFECTIVE DATE | |
| | | | | |
| CHN DCN (IF APPLICABLE) | IS PRESENT PROBLEM DUE TO: | <input type="checkbox"/> ACCIDENT AT WORK | <input type="checkbox"/> AUTO ACCIDENT | If yes, DATE OF INJURY: |
| REQUEST FROM | | | | |
| | | | | |
| REQUESTING PROVIDER NAME | REQUESTING PROVIDER SIGNATURE | | REQUESTING PROVIDER PHONE NUMBER | |
| REQUEST TO | | | | |
| | | | | |
| REQUESTED PROVIDER NAME | REQUESTED PROVIDER SPECIALITY and CONTACT INFORMATION | | | |
| | <input type="checkbox"/> Office / Affiliated Rad (11) | | <input type="checkbox"/> Outpatient Surgery (22) | <input type="checkbox"/> Ambulatory Surgery Center (24) |
| REQUESTED FACILITY INFORMATION | | | | |
| SERVICES REQUESTED | | DIAGNOSIS CODES | | |
| CPT CODE | UNITS | | | |
| 1 | | 1 | | |
| 2 | | 2 | | |
| 3 | | 3 | | |
| 4 | | 4 | | |
| 5 | | 5 | | |
| 6 | | 6 | | |

Attach this form and send to: Capital HP UM Team

Last Updated: 2023-03-07



Phone Number: 833-603-9966 *223
Routine Fax: 818-279-7659 **Urgent Fax:** 818-279-7659
Address: Capital Health Partners P.O. Box 430, La Verne, CA 91750

NOTE: In-Network providers are encouraged to use EZ – NET to submit and check the status of a prior – authorization requests. Providers are expected to attach the necessary clinical records or supporting documentation for this request.

