CAPITAL HEALTH PARTNERS

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:	☐ ACCIDENT AT WORK	☐ 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		
	☐ Office / Affiliated Rad (11)	☐ Outpatient Surgery (22)	☐ 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: 09-15-2026

Phone Number:	909-235-9420		
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.