



BEHAVIORAL HEALTH PRE-CERTIFICATION REQUEST FORM

Pre-certification is for the sole purpose of reviewing the medical necessity of the recommended hospitalization, procedure, treatment, therapy or rehabilitation. Pre-certification is not a guarantee that charges are covered under the Plan. All charges submitted to HMAA are subject to eligibility, all applicable plan provisions and retrospective review. Patients who are ineligible or determined to be ineligible for HMAA benefits at a later time, or who receive medical treatments that are not covered benefits as described in their Summary Plan Descriptions, are solely responsible for all medical cost. Cosmetic, experimental or investigational procedures are not covered under HMAA.

TO:	HMAA Health Management Department	Fax Number: (808) 791-7697	
DATE:		Phone Number: (808) 791-7505 Toll-Free: (888) 941-4622 ext. 302	
FROM:	Contact Person	Phone Number	Fax Number
	Facility	Requesting Physician	
RE:	Name of Patient	Patient's Sex <input type="checkbox"/> Male <input type="checkbox"/> Female	Patient's Date of Birth (mm/dd/yy) / /
	Name of Subscriber		Member ID Number

Check Selection	Requested Services (Level of Care)	Number of Services	Requested Service Dates
	Acute Psych		/ / to / /
	Psych ICU - Locked		/ / to / /
	Acute Inpatient Detoxification		/ / to / /
	Residential		/ / to / /
	Partial Hospitalization		/ / to / /
	Intensive Outpatient		/ / to / /
	2:1 Exchange		/ / to / /

Please provide supporting clinical documentation: Clinical Information Sheet Progress Notes

HMAA's HM Department will notify you of the pre-certification decision after all supporting information has been reviewed.

HMAA USE ONLY		
Authorized By	Authorization Date	Pre-certification #