Liberty HealthShare®

Electronic Medical Prenotification Request Form

Phone: (855) 585-4237, ext. 1766 Fax: (330) 617-1159 Email: lhsprenotification@libertyhealthshare.org

Review time begins when ALL required medical records, treatment plans or other requested supportive documentation has been received.

All fields are REQUIRED. An incomplete request form may delay the prenotification process. Completion of this form is solely for the purpose of initiating a prenotification request. Completion or receipt of the form does **NOT** mean that prenotification has been completed or deemed eligible for sharing.

TODAY'S DATE:		**MEMBERSHIP ID #:**	
MEMBER INFORMATION			
Last Name:		First Name:	
Date of Birth:	Gender: F☐ M☐	Other healthcare coverage:	
REQUESTING PROVIDER INFORMATION			
Name:		Phone/Ext#	Fax #
Address:		City:	State:
Zip:	Contact Name:		
	Tax ID:	NPI:	
SERVICE PROVIDER or FACILITY (Hospital, Surgery Center, etc.)			
Name:		Phone/Ext#	Fax #
Address:		City:	State:
Zip:	Contact Name:		
	Tax ID:	NPI:	
PROCEDURE/SERVICES BEING REQUESTED ***Please attach documentation with a clear onset date of signs and symptoms (medical records, treatment plans, etc.)** ***A 36-month pre-existing condition clinical review applies to members <1 year**			
Procedure/Service Name:			
Anticipated Date of Service:		Maternity Date of Conception:	
DIAGNOSIS: ICD-10 CODE and DESCRIPTION			
Code:		Code:	Code:
Description:		Description:	Description:
PROCEDURE: CPT CODE/HCPCS and DESCRIPTION			
Code:		Code:	Code:
Description:		Description:	Description:
Modifier and Units			
Code:		Modifier:	Units:

Submitted By: Member ____ Provider____ Name: _____ Signature: _____

PLEASE NOTE: This form and fax number are for prenotification requests only. All other information submitted with a prenotification will NOT be processed.

Notice of medical necessity provided by the medical provider to the prenotification staff does not establish eligibility for sharing nor guarantee that all provider/physician/facility expenses and bills will be shared. All applicable sections of the Sharing Guidelines apply whether or not confirmation of medical necessity is provided.

LEGAL NOTICES This program is not an insurance company nor is it offered through an insurance company. This program does not guarantee or promise that your medical bills will be paid or assigned to others for payment. Whether anyone chooses to pay your medical bills will be totally voluntary. As such, this program should never be considered as a substitute for an insurance policy. Whether you receive any payments for medical expenses and whether or not this program continues to operate, you are always liable for any unpaid bills. Further, Liberty HealthShare's approval of this pre-notification is not a guarantee that Liberty HealthShare members will share into these expenses. For State Specific Notices see LHS Sharing Guidelines

LIBERTY HEALTHSHARE PRENOTIFICATION COVER SHEET

DATE:

FROM:

To: Liberty Healthshare Prenotification Department

Fax number: (330) 617-1159

Cover sheet, plus _____ pages

***__PRENOTIFICATION IS NOT REQUIRED FOR THE FOLLOWING SERVICES__:

CT scans
Outpatient/physician office visits
EKG
Emergency department/Urgent care visit Plain X-rays
Skin biopsies
Ancillary therapies
Screening & diagnostic colonoscopies
Routine laboratory testing
Screening & diagnostic mammograms
Ultrasound
EGD
Wellness & flu vaccinations
Chiropractic care Acupuncture
Complementary or alternative medical (CAM) management

***Tests where prenotification is not required are not necessarily eligible for sharing, based on the Sharing Guidelines.

To be considered for medical cost sharing, the member MUST notify Liberty HealthShare **IN ADVANCE** by contacting the prenotification department for any services, procedures, and diagnostics listed below, except in the case of true emergencies. The Sharing Member, their physician, or their representative should contact the prenotification department as soon as the need for admission or services is recognized, and at least seven days prior to admission whenever possible.

Prenotification Instructions: Please fax this cover sheet with the Prenotification request Form along with all clinical information pertaining to this prenotification request.

Clinical Information may include: Current and previous physician notes, medical records, imaging, lab results, hospital admission information, treatment plans, ICD-10 codes, CPT codes, etc.

Maternity Prenotification: Please send physician notes that include the date of conception.