Polk HealthCare Plan (PHP) Pre-Certification Form

THIS FORM IS INTENDED ONLY FOR CONTRACTED PHP NETWORK PROVIDERS.

Name of person filling out form		Phone or fax #	
Date of Call/Fax		Time of Call/Fax	
Caller Name		Phone or fax #	

MEMBER INFORMATION

Member SSN#		Member ID#	
Member Name		Member DOB	
Member Address		Member Phone #	
Group Number	15875		

CASE INFORMATION

Case Type	☐ Inpatient	☐ Outpatient
Type of service	☐ Medical	☐ Surgical
Urgency	☐ Elective	☐ Emergent
Reference number (if continued case information)		
Date of Service:		
Diagnoses codes		
Procedure codes		
Procedure name		

HOSPITAL INFORMATION

Hospital Name	
Address	
City, State Zip	
Phone	

PHYSICIAN INFORMATION

Physician Name	
Address	
City, State Zip	
Phone	
Physician Specialty	

SPECIAL INSTRUCTIONS:	

Send form via fax to American Health Holding: (866) 898-9360

For status updates, please contact American Health Holding at (800) 242-1199.

Polk HealthCare Plan Contact:
Paula McGhee, *Provider Services and Contract Manager*
2135 Marshall Edwards Dr. Bartow, Florida 33830
Phone: (863) 519-2003