



Diagnostic Testing Pre-Certification Form

QualCare, Inc.
30 Knightsbridge Road
Piscataway, NJ 08854-3754

All Elective Procedures Must be Pre-Certified 5 Days Prior to the Date of Service

All Maternity Admissions Require Notification During the First Trimester - Use the Maternity Notification Form

Date: _____

From: _____ Phone Number: _____

Physician's Name: _____

Patient's Name: _____ Phone Number: _____

ID Number: _____ Date of Birth: _____ Age: _____ Male Female

Name of Other Group Insurance: _____ ID Number: _____

Current Diagnosis: _____ ICD 9 Code: _____

Other Diagnoses or Comorbidities: _____

Additional Information Relating to Medical Necessity: _____

Is the diagnosis related to: Workers' Compensation Motor Vehicle Accident

Procedure (Indicate CPT Code):

Colonoscopy Pulmonary Function Test

Sigmoidoscopy EGD

CAT Scan Bone Density

MRI , type, with or without contrast: _____

Office Procedure over \$1,000 (HUMC Only): _____

Other: _____ CPT 4 Code: _____

Date of Service: _____

Facility: (Must be In-Network to receive In-Network Benefits)

Provider's Office Same Day Surgery Unit Free-Standing Facility

Name of Facility: _____

Address: _____

City _____ State: _____ Zip: _____ Phone Number: _____

Urgency Status: Elective Urgent Emergent

Prior Outpatient Treatment: _____

PCP Name (if applicable) _____

Pre-Certification Department Fax Number: 732-562-1023

PPO 800-992-6613 (Phone) HMO Network 800-254-0130 (Phone)

Check Benefits
Some Groups Do Not Provide Coverage at Non-Participating Facilities