



Inpatient 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: _____
 Admitting Physician (if different from above) _____ Phone Number: _____
 Patient's Name: _____ Phone Number: _____
 ID Number: _____ Date of Birth: _____ Age: _____ Male Female
 Name of Other Group Insurance: _____ ID Number: _____

Diagnosis: _____ ICD 9 Code: _____
 Other Diagnoses or Comorbidities: _____
 Is the diagnosis related to: Workers' Compensation Motor Vehicle Accident

Procedure/Service: _____
CPT Code: _____
Treatment Prior to Admission/Surgery: _____

Admission Date: _____ Anticipated length of stay: _____
Admission Type: Medical Surgical Mental Health Rehabilitation Substance Abuse
Urgency Status: Elective Urgent Emergent

Facility: (Must be In-Network to receive In-Network Benefits)
 Name of Facility: _____
 Address: _____
 City _____ State: _____ Zip: _____
 Phone Number: _____ In Network? Yes No

PCP Name (if applicable): _____

Name(s) of Planned Consultant(s) or Surgical Assistant(s): (Should be participating within the QualCare Network)
 1. _____ 2. _____

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