



For Asuris TruAdvantage PPO:

Fax to: 1 (855) 207-1209 **or**

Mail to: PO Box 1271, MS WW5-53
Portland, OR 97207-1271

Request for In-Network Benefits to an Out of Network Provider

Use this form if you are requesting an Organizational Determination for a Asuris TruAdvantage PPO member to receive in-network benefits for services rendered by a provider out of the member's Asuris TruAdvantage PPO network.

Instructions: This form needs to be completed only by the out of network Provider requesting in-network benefits.

Have you previously treated this member?										If so, when did the treatment begin?									
What is the specific service needed and why?																			
When do you anticipate treatment will end?																			
SECTION 1 - PATIENT INFORMATION																			
Patient Name (Last)										First					MI		Patient's Phone Number		
Patient's Asuris Member ID Number										Group Number					Date of Birth (mm/dd/yyyy)				
SECTION 2 - OUT OF NETWORK PROVIDER INFORMATION																			
Provider Name										Provider Specialty/Subspecialty					Tax ID Number				
NPI										Phone Number					Fax Number				
Provider Address										City					State		ZIP Code		
Who should we contact if we require additional information?																			
Name										Phone Number (include ext)					Confidential Voice Mail <input type="checkbox"/> Yes <input type="checkbox"/> No			Fax Number	
If this is an expedited request and meets the definition indicated below, please check the expedited request box <input type="checkbox"/> AND fax this form to 1 (855) 240-6498. Expedited is defined as: when the Member or his/her physician believes that waiting for a decision under the standard time frame could place the Member's life, health, or ability to regain maximum function in serious jeopardy.																			
Diagnosis code(s) and description(s):										If applicable, CPT® or HCPCS code(s) and description(s):									

Please submit the following clinical information with this form as appropriate for this request:

- ◆ History & Physical
- ◆ Lab/Radiology/Testing Results
- ◆ Current Symptoms & Functional Impairments
- ◆ Treatment History and any other information such as chart notes to support the request.