UNITED HEALTHCARE SERVICE CORP.,

ADMINISTRATOR FOR METLIFE

PREDETERMINATION REQUEST

ENROLLEE'S NAME:	PATIENT'S NAME:	
ENROLLEE'S ID #:	PATIENT'S D/O/B:	PATIENT'S DATYIME PHONE #:
ENROLLEE'S ADDRESS:		
I authorize the release of any medical information necessary to process this predetermination of benefits. I understand that a reply will be sent to the physician/supplier and myself.	ENROLLEE'S SIGNATURE	DATE
PHYSICIAN'S NAME:	ASSOCIATION NAME:	
STREET ADDRESS:	TAX ID#:	
CITY/STATE/ZIP:	TELEPHONE#:	

DETAILED DESCRIPTION OF SERVICES TO BE PERFORMED:	CPT CODE(S):	DIAGNOSIS:	ESTIMATED FEE(S):

FOR ALL PROCEDURES, ATTACH A DETAILED STATEMENT OF MEDICAL NECESSITY FROM THE PROVIER OF SERVICE. If the proposed procedure is for eyelid surgery, nasal surgery, breast reduction surgery or abdominoplasty, it is suggested that you submit pre-operative photos. The cost of photos is not covered under the plan. If the proposed procedure is for a functional defect, please submit documentation from the referring and/or primary care physician. See reverse side for further details.

IF THE PROPOSED SERVICE(S) IS/ARE RELATED TO AN ACCIDENTAL INJURY, PLEASE PROVIDE THE FOLLOWING:

DATE OF INJURY:	PLACE OF INJURY:

DESCRIPTION OF INJURY: _____

PHYSICIAN'S SIGNATURE DATE

*** COMPLETE FOR DURABLE MEDICAL EQUIPMENT ***

NAME OF MEDICAL PROFESSIONAL PRESCRIBING EQUIPMENT:	SUPPLIER'S NAME:
STREET ADDRESS:	STREET ADDRESS:
CITY/STATE/ZIP:	CITY/STATE/ZIP:
TELEPHONE #:	TELEPHONE #:

PLEASE PROVIDE:

1. Description of durable medical equipment to be rented or purchased .
2. A detailed doctor's statement of medical necessity for each service/supply. See reverse side for further details.
3. Anticipated duration of time.
4. Warranty information pertaining to equipment to be purchased.
5. Mostly rental price and purchase price.
6. HCPCS code(s).

SUPPLIER'S SIGNATURE DATE

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PREDETERMINATION PROCEDURE

What is a Predetermination?

A patient might like to know beforehand how much United HealthCare Service Corp. may reimburse when certain medical services are being considered. For cases like this, United HealthCare Service Corp. has developed the Predetermination Procedure. ***If the services have already been rendered or the durable medical equipment/prosthetic appliance has been dispensed, DO NOT use this form.***

When should Predetermination be used?

Predetermination of Benefits is *not appropriate for ordinary (general)* medical care. However, Predeterminations may be useful if a complex and costly procedure is to be performed by a physician. Enrollees who need durable medical equipment must call the Home Care Advocacy Program for authorization (1-800-638-9918). Their physician or durable medical equipment supplier must then complete and sign the lower portion of the form. With a Predetermination of Benefits, the enrollee and physician will know how much of the provider's fee may be covered and allow for the patient to prepare for any possible out-of-pocket expense.

Private Duty and Visiting Nurse Services:

Services of a skilled nurse are covered under certain circumstances. Prior to incurring charges, you must call the Home Care Advocacy Program (1-800-638-9918).

How does a Predetermination work?

Obtaining a Predetermination of Benefits is simple:

- The enrollee contacts United HealthCare Service Corp. and requests a Predetermination form.
- United HealthCare Service Corp. mails the form to the enrollee, who completes the top portion.
- The enrollee gives the form to the physician, who completes the middle portion of the form.
- The form is returned to United HealthCare Service Corp. at the address shown below.

Who receives the Predetermination reply?

Both the enrollee and the provider are informed of the Predetermination, which is valid, in most cases, for up to six months.

How may an enrollee obtain the Predetermination form?

Contact your Agency Health Benefits Administrator or United HealthCare Service Corp. by mail or phone.

UNITED HEALTHCARE SERVICE CORP.
administrator for MetLife
P.O. Box 1600
Kingston, New York 12402-0600
(800)-942-4640

What must the doctor's statement of medical necessity include?

The statement of medical necessity must include the diagnosis, underlying cause of illness and a detailed patient history including symptomatology, previous treatment/testing and results, and objective findings documenting functional disability, if any.

If the predetermination is for durable medical equipment/prosthetic device, please include the information indicated above along with the duration, reason for use and need for replacement, if any.