

# HEALTHCHOICE

3545 NW 58<sup>th</sup>, Suite 500, Oklahoma City, OK 73112  
Phone: 1-800-543-6044 or 1-405-717-8879  
FAX: 1-405-717-8947 or 1-405-717-8935

## PROTON BEAM RADIATION REQUEST

**This information is private and confidential.**

(◆) Billing Provider: \_\_\_\_\_ (◆) Date: \_\_\_\_\_

(◆) Billing Address: \_\_\_\_\_

(◆) TIN: \_\_\_\_\_ Contact Person: \_\_\_\_\_

Phone: \_\_\_\_\_ (◆) Fax: \_\_\_\_\_

(◆) Patient: \_\_\_\_\_ (◆) DOB: \_\_\_\_\_

(◆) Member: \_\_\_\_\_ (◆) Member ID #: \_\_\_\_\_

Diagnosis: \_\_\_\_\_

(◆) Number of Services to be Rendered: \_\_\_\_\_

Previous Treatments: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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**Note:** Physicians letter of medical necessity or office notes may be utilized to document the above requested information.

\*\*\*\*\*FOR HCMD USE ONLY\*\*\*\*\*

**CERT MET  / PENALTY APPLIES**

Start Date: \_\_\_\_\_ End Date: \_\_\_\_\_ Approved By: \_\_\_\_\_

Date: \_\_\_\_\_

**COMMENTS:** \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**NOTE:** These benefits are applicable only if the patient is eligible for HealthChoice, and are subject to ALL POLICY PROVISIONS. Please remember to verify benefits and eligibility by calling 1 (800) 782-5218.

**MEDICARE PATIENTS:** If HealthChoice is supplement, all services requested must initially be approved by Medicare.

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(◆) **DENOTES INFORMATION REQUIRED TO COMPLETE REVIEW FOR CERTIFICATION**

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