



VENTURA COUNTY
HEALTH CARE PLAN

**PRE-AUTHORIZATION TREATMENT AUTHORIZATION REQUEST (TAR)
FORM FOR MEDICAL SERVICES INCLUDING TREATMENT,
CONSULTATIONS, DME AND OTHER SERVICES**

(PLEASE COMPLETE THIS FORM IN CLEAR & LEGIBLE PRINT)

Routine

Urgent

Patient Name _____
(Last) (First)

Date of Birth _____ Subscriber/Policy Number _____
(11 Digit Number)

Services Requested _____

**STATEMENT OF MEDICAL NECESSITY: Please state below the specific reason you are requesting/
ordering this service:**

Provider/Specialist being Requested _____ In-Network? _____
(To be provided by - Include Specific City Location) (Yes or No)

Specialist Standing Referral

Facility/Clinic being Requested _____ Out-Patient In-Patient*
(To be provided at - Include Specific City Location)

* If in-patient admission, include estimated length of stay _____
(Days in hospital)

Diagnosis _____

ICD-10 Diagnosis Code(s) _____ CPT Code(s) _____

Submitting MD _____ Phone Number _____ Date _____
(MD Requesting Authorization)

Faxed to VCHCP from _____ Fax Number _____
Submitting Facility/Clinic Name
(Include Specific City Location)

Faxed to VCHCP by _____ Phone Number _____ Date _____
(Person Faxing the Request)

Total # of pages _____

15 Business days for specialist

Please check if **acceptable** that appointment be **later** than:

15 Business days for ancillary service

When this form is received by VCHCP with complete information and supporting documents,
a written response stating the STATUS of request (APPROVED, MODIFIED, DENIED,
CLOSED or PENDING) will be faxed to the submitting provider within 5 business days.
(Exceptions: Urgent Requests within 72 hours, and Standing Referrals within 3 business days).
If you are a specialist caring for members who need continuing care and who require care
over a prolonged period of time, you have an option to request for a Standing Referral.
Authorizations for a Standing Referrals are good for 6 months (180 days).

For questions please call

VCHCP Medical Management Department at (805) 981-5060

Fax Authorization Requests to (805) 658-4556