

HEALTHCHOICE

Proton Beam Radiation Request

Phone 1-405-717-8879
In-State 1-800-543-6044

Fax # 1-405-717-8947

Date: _____

Provider: _____

Address: _____

Network

Non-Network

Contact Person: _____

Phone: _____

Fax: _____

Patient: _____

DOB: _____

Member: _____

Member ID #: _____

Diagnosis: _____

Number of Treatments to be Rendered: _____

Previous Treatments:

Note: Physicians letter of medical necessity or clinical notes will be required to document the above requested information.

Start Date: _____ End Date: _____ Approved By: _____

Date: _____

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

COMMENTS: _____

These benefits are applicable only if the patient is eligible for the Employees Group Insurance program and are subject to ALL POLICY PROVISIONS. Please remember to verify benefits and eligibility by calling 1-800-782-5218.

June, 2009