



Promise Health Plan

Blue Shield of California Promise Health Plan
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Camino Del Rio North, Ste 1300, San Diego, CA 92108

Telephone: (855) 622-2755
CBAS LA Fax: (855) 699-9876
CBAS SD Fax: (619) 219-3308

TREATMENT AUTHORIZATION REQUEST
for Community Based Adult Services (CBAS)

Form with fields for Member Name, DOB, Member ID#, Member Phone Number, CBAS Facility Name, CBAS Facility ID/NPI, CBAS Facility Address, CBAS Facility Contact Person (Optional), CBAS Phone Number, CBAS Fax Number, Service Requested, Procedure Code, and Indicate Authorization Request Type.

Attach updated IPC AND Participant Attendance Records (for existing authorizations) with request.

Requesting Provider (Print): Signature: Date:

THIS AUTHORIZATION DOES NOT GUARANTEE ELIGIBILITY.
CHECK ELIGIBILITY PRIOR TO RENDERING SERVICE.

Form with fields for UM Decision Status (APPROVED, MODIFIED, DENIED), Authorization Number, Date Approved, Reviewer's Name, Signature, and Date.