



Out of network request

At Optum Care Network–AppleCare, we work with our broker community to make sure we have an excellent and extensive specialist network to offer your clients. **Please complete this form and fax to 1-714-844-4704.** If you have any questions, please contact <First name> <Last name> at <1-XXX-XXX-XXXX>, TTY **711**.

Requested by:		Date:	
<input type="checkbox"/> Medicare	<input type="checkbox"/> Medi-Medi	Patient name:	DOB:
<input type="checkbox"/> Commercial	<input type="checkbox"/> Medi-Cal	<input type="checkbox"/> Existing member	<input type="checkbox"/> Prospective member
		<input type="checkbox"/> New member	

Doctor information

Specialist name:	Telephone #:
Specialty:	
Diagnosis:	
Last doctor visit:	Length of time with specialist:

Hospital information

Has your client been recently admitted to the hospital (within last 3 years)? <input type="checkbox"/> Yes <input type="checkbox"/> No	
If so, which hospital?	
Date of admittance:	Length of stay:
Reason:	

Treatments

Is your client receiving any intravenous or injected drugs? <input type="checkbox"/> Yes <input type="checkbox"/> No
Name of medicine(s):

Services

Is your client on an organ transplant list? <input type="checkbox"/> Yes <input type="checkbox"/> No
If yes, what facility?
Does your client have medical equipment at home? <input type="checkbox"/> Yes <input type="checkbox"/> No
What kind of equipment?
Name of the company that provides the equipment?
Proposed health plan:
Proposed PCP:
Proposed health region: <input type="checkbox"/> Select <input type="checkbox"/> St. Francis <input type="checkbox"/> Downey <input type="checkbox"/> Whittier
Comments/reason for request:

Representative/broker contact

Name:	
Email address:	Telephone #:



The company does not discriminate on the basis of race, color, national origin, sex, age, or disability in health programs and activities. We provide free services to help you communicate with us. This includes letters in other languages or large print. Or, you can ask for an interpreter. To ask for help, please call 1-800-460-5051.

ATENCIÓN: Si habla español (Spanish), hay servicios de asistencia de idiomas, sin cargo, a su disposición. Llame al 1-800-460-5051.

請注意：如果您說中文 (Chinese)，我們免費為您提供語言協助服務。請致電：1-800-460-5051。

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Optum will use information provided on this out of network request form solely to determine whether it can reasonably accommodate the request for access, or continued access, to the specified provider identified in the form. Optum will not use the information provided on this out of network request form to determine an individual's eligibility for membership in any plan with which Optum contracts. Accommodation by Optum of the request for access, or continued access, to the specified provider identified in this form does not constitute or guarantee medical authorization for any services provided by the specified provider or by any other provider.