



VIVA HEALTH

Inpatient and Outpatient Precertification Form

VIVA Health Inc
 1222 14th Ave South
 Birmingham, AL 35205
 Ph: (205) 933-1201 or 1-800-294-7780
 Fax: (205) 933-1232 or 1-800-364-0297

VIVA HEALTH USE ONLY	
Authorization Number:	_____
Representative:	_____
Date:	_____

TO BE COMPLETED BY ADMITTING PHYSICIAN

Patient Name _____ Date of Birth _____

Address _____ Phone _____

_____ Other Insurance _____

Member Number _____ Group Number _____

Person Completing Form _____ Phone _____ Fax _____

Admitting MD _____ Hospital _____

Diagnosis _____ ICD-9 Code _____ Procedures _____ CPT _____

Admit Date _____ Requested Length of Stay _____

Summary of Previous Outpatient Treatment (**attach clinical info**) _____

Medical Indication for Hospitalization _____

Hospital Treatment Plan _____

FOR DELIVERY ADMIT
 EDC _____ Expected Type of Delivery _____

This approval does not authorize services not covered by the benefits currently provided under the member's benefit plan. For the services to be covered, the member must be enrolled and effective at the time the service is provided.