

Entering an Out of Area/Out of Network Authorization Request

Gulf Coast Medical Management | To verify your benefits, please call WebTPA Customer Service directly at 877-697-2299.

Gulf Coast Provider Network

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Non-PHO Provider Authorization Request

- GCPN Select Provider Manual
- Referrals/Authorizations
- SMH-PHO Website
- Non-PHO Provider Authorization Request Form

Click here to login and start the authorization in the appropriate Referrals/Authorization section.

Authorization Request Type:

Out of Network Provider

SMH Genetic Testing

DME (Do not use for Out of Network Provider)

You may retrieve an existing request by entering your reference number.

Reference Number:

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Click Out of Network Provider

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Out of Network Provider Authorization Request

Your session will expire in 27 minutes.

* Indicates required information

Patient Information:

* Member ID Number:
(as shown on ID card i.e. 764001234-01)

* Member Name:

* Date of Birth:
mm/dd/yyyy

Requesting Physician and Contact Person:

* Provider NPI:

* Name:

* Address:

* Phone:

Fax:

* Contact Person:

* Service Requested:

Inpatient Admission Inpatient Surgery

DME over \$500 Outpatient Surgery/Procedure

* Date of Service:

* Number of Days/Visits:

* Facility Name:

* Facility Address:

* Facility Phone:

Facility Fax:

* Facility Contact:

* Diagnosis/ICD-9:

* Procedure/CPT:

Complete the Patient Information.

Complete the Physician's Information.

Complete all the required information regarding the Service requested.

Notes/Clinical

Notes: Patient is here on vacation. Broke ankle while at a party. Needs surgical intervention. See attached.

Supporting Clinical Document: C:\Documents and Settings\ [Browse...]

We certify for medical necessity only. We advise you to call the Claim Payer regarding benefits, eligibility, and how this claim will be paid.

Precertification/Authorization is no guarantee of payment. All Claims will be paid in accordance with policy guidelines subject to deductibles, coinsurance and eligibility at the time services are rendered.

For additional information and assistance, please call (941) 917-4326 to speak with a Gulf Coast RN Case Manager.

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Add any pertinent notes and Supporting Clinical Documents.

Click on Submit Request.

Login

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Your session will expire in 30 minutes.

Out of Network Provider Authorization Request

Date Requested: 4/30/2012
Reference Number: 2100015590
Status: Open

Authorization request was successfully submitted!

* Indicates required information

After you submit you will see a Reference number at the top of the page. Please note this for future use. You will also see that the request was submitted successfully.

You may Print or Save an electronic copy of the request by clicking the Print Request button.

Login

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Non-PHO Provider Authorization Request

If you are an SMH PHO physician office, do not use this form. Click here to login and start the authorization in the appropriate Referrals/Authorization section.

Authorization Request Type:
 Out of Network Provider
 SMH Genetic Testing
 DME (Do not use for Out of Network Provider)

You may retrieve an existing request by entering your reference number.

Reference Number: 2100015590

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To check on the Status of your request, type in the reference number and click on the Go button.

You can now see the status of the authorization request and can print or save it for your records.

The screenshot shows a web page for Gulf Coast Medical Management. At the top left is the logo for Gulf Coast Medical Management. To its right, a text box says: "To verify your benefits, please call WebTPA Customer Service directly at 877-697-2299." At the top right is the logo for Gulf Coast Provider Network. Below these logos is a navigation menu with links: Home, About Us, Member, Provider, and Contact. A "Login" link is also visible in the top right corner. Below the navigation is a banner image showing a group of healthcare professionals. On the left side, there is a vertical list of links: GCPN Select Provider Manual, Referrals/Authorizations, SMHPHO Website, and Non-PHO Provider Authorization Request Form. The main content area is titled "Durable Medical Equipment Authorization Request Form" and contains a box with the following information: Date Requested: 4/30/2012, Reference Number: 2100015590, and Status: Approved. A "Print" button is located at the bottom right of this box. Below the box, there is a note: "For additional information and assistance, please call (941) 917-4326 to speak with a Gulf Coast RN Case Manager." At the bottom of the page, there is a footer with navigation links: Home | About Us | Member | Provider | Contact | Admin, and a copyright notice: © Copyright 2010 Gulf Coast Medical Management • All Rights Reserved • Designed by Genuity Group, LLC.