



500 NE Multnomah, Suite 100, Portland, Oregon 97232-2099, (503) 813-4560

IMPORTANT: This authorization expires at the completion of the number of visits or dates of service whichever comes first. All inpatient admissions must be preauthorized by calling the referral center listed above. Unless preauthorized, all diagnostic studies need to be performed at KPNW.

May 12, 2022

Referred to Provider:

MEMBER NAME: **MRN:** **DOB:**
GENDER: **GROUP#:**
PHONE:
MEMBER ADDRESS:

Subscriber:

Referred by:

REFERRED TO PROVIDER AUTHORIZATION DETAILS:

Authorization Number: **Start Date:** **End Date:**
Number of Authorized Visits / Days: **Level of Care:**
Authorized Diagnoses and Procedures:
Diagnoses:

Processed by:

When billing Kaiser Permanente please include:

Authorization number, patient's complete name, medical record number and date of birth.

Send Itemized Bills To:

**Kaiser Foundation Health Plan of the Northwest
National Claims Administration
PO Box 370050
Denver, CO 80237-9998**

1. Provider agrees that in no event, including, but limited to nonpayment by Kaiser Permanente or Kaiser Permanente's insolvency, shall provider bill, charge, collect a deposit from, seek compensation, payment or reimbursement from or have any recourse against the member for services authorized pursuant to the Referral. This shall not prohibit collection from the member for deductibles, cost shares, coinsurance and/or non covered

services.

2. If Provider is not a party to a written contract with Kaiser Permanente, Provider agrees that it will accept usual, customary and reasonable charges as determined by Kaiser Permanente as payment in full for services rendered to members who are not eligible for Medicare that would be paid by Medicare or Medicaid (whichever is applicable to the member) for services. Providers who do not have written a contract with Kaiser Permanente are prohibited from collecting any more than the Medicare and/or Medicaid allowable from either Kaiser Permanente or the member.

3. Unless specified on this form, please call the referring physician if hospitalization, surgery or referral to another physician or provider is contemplated in order to confirm authorization. Kaiser Permanente will pay for preauthorized services only. An additional authorization is required if care is extended beyond what is specified on the form.

4. A report of consultation is required. Please include the patient's Kaiser Permanente health record number on your medical report and mail this information to: Kaiser Permanente Medical Records, 10220 S.E. Sunnyside Road, Clackamas, Oregon 97015. If records are not received, or additional records are needed:

During regular business hours please call: 503 571 5051 Evenings, weekends and holidays, please call: 503 571 5815

5. Kaiser Permanente benefits only extend through the time the member is actively enrolled in Kaiser Permanente. Current eligibility may be verified by contacting Kaiser Permanente membership services at 800-813-2000

6. In accordance with the terms and conditions of the member's Evidence of Coverage (EOC), including exclusions and limitations specified there, Kaiser Foundation Health Plan of the Northwest provides coverage for medically necessary routine conventional items and services for patients enrolled in and participating in qualifying clinical trials. The provision of such medically necessary routine conventional items and services must be with the specific authorization of Kaiser Permanente and may not be presumed solely from this authorization.