

HEALTH RELATED SERVICES- Flexible Services Request Form

Please take this form to your primary care provider (PCP) to fill out and submit. Fill out a separate form for each item or service. Please note, if this form is not fully completed, the request will not be processed.

Usted puede recibir este documento en otro idioma, impreso en letra más grande o de cualquier otra manera que sea mejor para usted. Llame al número gratuito (800) 431-4135. Los usuarios del servicio TTY pueden llamar al (800) 735-2900.

You can get this document in another language, large print, or another way that's best for you. Call (800) 431-4135, TTY (800) 735-2900.

Please send one request at a time to:

Email: healthrelatedservices@pacificsource.com -or- Fax: 541- 385-3123

Date Submitted: ____ / ____ / ____

Member Information		
First name:	Last name:	Date of birth:
Address:		
City:	State:	Zip code:
Phone number:		Member ID#:
Primary Care Provider Information		
Provider Name:		
Clinic name:	Phone number:	
Address:		
Requestor Information		
Requestor Name and Title:		Direct phone number:
Requestor address:		

Requestor has received PCP approval: Yes No

Signature of person who obtained approval: _____

Date approval was received: _____

Requested Item or Service

Describe Item or Service:

1st Choice: Store Name and Address or Website

Item/Catalog number/Description (be specific):

Quantity:

Total Cost:

2nd Choice: Store Name and Address or Website

Item/Catalog number/Description (be specific):

Quantity:

Total Cost:

Health condition or diagnosis related to this request:

Describe how this service or item will improve the member/patient health:

Specify delivery address for requested item:

Member address

Different address (please specify):

Member has given PacificSource Community Solutions permission to speak with the necessary people to complete this request.