



PacificSource Community Solutions, Inc.
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Utilization Review Submission Form

Provider or facility, please contact PacificSource Community Solutions within two business days of date of service(s) or initiation of the service(s). Retro-stays are only allowed for inpatient stays resulting from urgent/emergent situations.

Please fax the completed form to (541) 330-7339.

Submitted Date:		Submission Type: <input type="checkbox"/> Initial <input type="checkbox"/> Concurrent	
Facility Name:		City:	State:
Reviewer Name:			
Reviewer Phone:		Fax:	
Patient Information			
Patient Name (First, M.I., Last):			
For Newborns Admits: Baby Mother's Name (First, M.I., Last):			
Member ID#:			DOB:
Facility Reference#:		Auth#:	
Admit Information			
Admitting Provider:			
Admit Type: <input type="checkbox"/> Elective <input type="checkbox"/> ER		Admit Date:	
Admitting diagnosis or presenting signs and symptoms – please list:			
Procedure (surgery, diagnostics, treatment) – please describe:			
Pertinent history – please describe and attach pertinent information (H&P, orders, discharge summary):			
Discharge Disposition			
<input type="checkbox"/> Home <input type="checkbox"/> Home Health <input type="checkbox"/> Assisted Living <input type="checkbox"/> Skilled Nursing Facility <input type="checkbox"/> Long-Term Care <input type="checkbox"/> Other: _____			
Discharge planning – please describe:			Discharge Date: