



Provider Change Request (PCR)



We understand the need to occasionally make changes to authorizations and referrals that have already been approved. We are able to make simple changes to an existing authorization or referral, but only once. If further or additional changes are needed, a new request must be submitted. Should a request be denied, you will be notified by phone and/or fax.

Never send the original request when submitting a PCR. Fax this form to 831-430-5850.

Please contact the Authorizations Department at 831-430-5511 if you have any questions.

Requesting Provider: _____ TAR#/Auth#/Ref#: _____

Contact Person: _____ Fax: _____

Phone: _____

Member Name: _____ Member ID: _____

Change Request:

- Date(s): _____
- Quantity: _____
- CPT Code: _____
- Location: _____
- Modifier: _____

Comments/Notes:

Please fax this completed form to 831-430-5850.