

REQUEST FOR PRECERTIFICATION OF SERVICES



WVCHIP requires precertification for inpatient stays and some outpatient procedures and therapies. Precertification is usually the responsibility of the provider except for inpatient stays. See WVCHIP Summary Plan Description (SPD) section on Prior Authorization at www.chip.wv.gov.

NOTE: PRECERTIFICATION DOES NOT ASSURE ELIGIBILITY OR PAYMENT OF BENEFITS UNDER THIS PLAN.

To apply for precertification, complete this form, then either mail to KEPRO at the address below or fax to 1-866-438-1360. A separate form must be completed for each provider (doctor, clinic, hospital, etc.) from whom services are sought.

Member Name: _____ Guardian Name: _____

Member ID: _____ DOB: _____ Phone: _____

Address: _____ City: _____

State: _____ ZIP: _____ Referring Physician: _____

Phone Number: (____) _____ Address: _____

City: _____ State: _____ Zip: _____

Provider Requesting Approval: _____

Specialty: _____ Phone Number: (____) _____

Address/City/State/Zip: _____

Date of Appointment or Procedure (if scheduled): _____

Reason for request (please describe service and the specific reason(s) for care being requested; include expected type and duration of treatment, and also any diagnostic tests or past treatments, if applicable)

IMPORTANT INFORMATION ABOUT YOUR REQUEST FOR PRECERTIFICATION:

WVCHIP Plan members who live in West Virginia may receive care from any WV provider who accepts WVCHIP. Care requested outside of West Virginia must have prior approval (see Prior Approval section of the SPD).

Provider's Signature: _____

Date: _____

Mail this form to:

KEPRO
PO Box 2451
Charleston, WV 25329-2451

OR

Fax both sides of the form to:
KEPRO at 1-866-438-1360

Providing incomplete information on this form may delay this request.