



**PORT GAMBLE S'KLALLAM
COMMUNITY HEALTH CENTER**

32020 LITTLE BOSTON ROAD NE KINGSTON, WA 98346

PHONE: (360) 297-2840 FAX: (360) 297-9614

Check one:	
<input type="checkbox"/>	Routine
<input type="checkbox"/>	Urgent

<p>PURCHASED REFERRED CARE PRIOR AUTHORIZATION REQUEST/SECONDARY REFERRAL REQUEST</p> <p><i>Please include notes for review to expedite process</i></p>
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PRC is the payor of last resort under Federal Law 42CFR136.61

Please inquire with primary insurance first

Patient Name:				DOB:			
PRC Number:				PCP:			
Requesting Vendor:				Requesting Vendor Fax:			
Contact Information (Name, Title, Phone/Email):							
Referring to:				Referring to Fax:			
Service Request Date if Scheduled:							
Description of Service:				# of Visits Needed:			
Expected Start Date:				Dx Code:			
CPT:	Modifier:	# of Units	Part # (DME):	Prescription Requested:			
				Prescriber:			
				Estimated Cost:			
				Comments:			

Emergency Room Visit or Inpatient Admission? Fax Notification to 360-925-3984
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Please fax completed form to 360-925-3984.
Contact PRC for questions at 360-297-9631 or prc@pgst.nsn.us

All PRC claims allow 42 CFR Part 136 Subpart I which applies the Medicare payment methodologies to all physician and other health professional and non-hospital based services and supplies purchased by IHS or Tribal PRC programs. The PRC program funds primary and specialty health care services that are not available at IHS or Tribal health care facilities and are purchased from private health care providers and suppliers. This includes hospital and outpatient care, as well as physician, laboratory, dental, radiology, pharmacy, transportation services, and durable medical equipment.

Reviewed By:

Date:

Approved:

Denied: