

# Geisinger

## Health Plan

### Organizational Determination Request Form

As per the Centers for Medicare & Medicaid Services (CMS):

- Use this form to confirm coverage and liability for Geisinger Gold members seeking CMS non-covered services.
- The Organizational Determination Request Process should be used in lieu of an ABN or other member-signed financial waiver. Even if the member understands a service is not covered and is willing to pay the provider out-of-pocket for the service, the Organizational Determination Request Process should be followed to ensure member notification and financial responsibility in accordance with 42 CFR Part 422, Subpart M.
- The Organizational Determination Request Process should **not** be used to verify the medical necessity of non-covered services.

**Fax to (570) 271-5534**

**All fields are required.** Please complete all fields.

Include appropriate codes for non-covered services as they are needed to process your request.

**Do not** include any services/codes that are covered by Geisinger Gold.

<b>Member Name:</b>			
<b>Member ID Number:</b>			
<b>Member Date of Birth:</b>			
<b>Non-Covered Service(s) Requested:</b>			
<b>Diagnosis Code(s):</b>		<b>Procedure Code(s):</b>	
<b>Date of Service:</b>			
<b>Provider of Service:</b>			
<b>Provider Office Name:</b>			
<b>Provider Phone:</b>		<b>Provider Fax:</b>	