

**SIHO Insurance Services
InPatient/OutPatient Procedures Precertification Request**

Patient's SIHO ID #:

Patient's Name:

Patient's DOB:

InPatient Request

OutPatient Request

Admitting Physician:

Place of Service:

Date of Admission:

OR

Procedure Date:

Request for length of InPatient stay:

Patient's chief complaint:

Diagnosis: ICD-9 Code:

Diagnosis: ICD-9 Code:

Procedure: CPT Code:

Pre-surgery work-up and treatment/clinical:

If the SIHO Precertification Unit needs further information, they may call:

Name:

Phone Number () - Extension