



VENTURA COUNTY  
HEALTH CARE PLAN

**PRE-AUTHORIZATION TREATMENT AUTHORIZATION REQUEST (TAR)  
FORM FOR MEDICAL SERVICES INCLUDING TREATMENT,  
CONSULTATIONS, DME AND OTHER SERVICES**

( PLEASE COMPLETE THIS FORM IN CLEAR & LEGIBLE PRINT )

Routine

Urgent

Patient Name \_\_\_\_\_  
(Last) (First)

Date of Birth \_\_\_\_\_ Subscriber/Policy Number \_\_\_\_\_  
(11 Digit Number)

Services Requested \_\_\_\_\_

**STATEMENT OF MEDICAL NECESSITY: Please state below the specific reason you are requesting/  
ordering this service:**

Provider/Specialist being Requested \_\_\_\_\_ In-Network? \_\_\_\_\_  
(To be provided by) (Yes or No)

Specialist Standing Referral

Facility being Requested \_\_\_\_\_ Out-Patient In-Patient\*  
(To be provided at)

\* If in-patient admission, include estimated length of stay \_\_\_\_\_  
(Days in hospital)

Diagnosis \_\_\_\_\_

ICD-10 Diagnosis Code(s) \_\_\_\_\_ CPT Code(s) \_\_\_\_\_

Submitting MD \_\_\_\_\_ Phone Number \_\_\_\_\_ Date \_\_\_\_\_  
(MD Requesting Authorization)

Faxed to VCHCP from \_\_\_\_\_ Fax Number \_\_\_\_\_  
(Submitting Facility)

Faxed to VCHCP by \_\_\_\_\_ Phone Number \_\_\_\_\_ Date \_\_\_\_\_  
(Person Faxing the Request)

Total # of pages \_\_\_\_\_  
Please check if **acceptable** that appointment be **later** than: **15 Business days for specialist**  
**15 Business days for ancillary service**

**When this form is received by VCHCP with complete information and supporting documents,**  
a written response stating the STATUS of request (APPROVED, MODIFIED, DENIED,  
CLOSED or PENDING) will be faxed to the submitting provider within 5 business days.  
(Exceptions: Urgent Requests within 72 hours, and Standing Referrals within 3 business days).  
If you are a specialist caring for members who need continuing care and who require care  
over a prolonged period of time, you have an option to request for a Standing Referral.  
Authorizations for a Standing Referrals are good for 6 months (180 days).

**For questions please call  
VCHCP Medical Management Department at (805) 981-5060**

**Fax Authorization Requests to (805) 658-4556**