

FAX

TO: San Francisco Health Plan FROM:
Prior Authorization Department

FAX: **1(415) 357-1292** FAX:

PHONE: **1(415) 547-7818 ext. 7080** PHONE:

SUBJECT: Experimental Prior-Auth Request DATE:

Experimental/Investigational Authorization Request Fax to SFHP

Please see attached authorization request and supporting documents.

This request is for experimental/investigational services. This is not delegated and should be reviewed and processed by SFHP.

Thank you,
UM Department