Berkeley SHIP student health insurance plan

2222 BANCROFT WAY # 4300 BERKELEY, CA 94720-4300

510-642-5700

https://uhs.berkeley.edu/insurance-ship/ship-resources-providers

GENDER-AFFIRMING PRE-CERTIFICATION REQUEST FORM

Fax to 510-642-9119

Questions? Please call 510-642-5700 and ask to speak with a member of the Trans Care Benefits Team.

Request will NOT be processed without required supporting documentation.

Today's Date:_____

Section A. Student information

Student Name:	Date of Birth:	SHIP (Wellfleet) ID Number:

Section B. Requesting Provider Information

Name:	Specialty:	Phone:	Fax:

Address:	In CA: Contracted with Blue Shield of CA PPO? ☐ YES ☐ NO Outside of CA: Contracted with Cigna PPO? ☐ YES ☐ NO

Section C. Referred to Facility

Name: ☐ Inpatient ☐ Outpatient	Date of admission/procedure:	Phone:	Fax:

Address:	In CA: Contracted with Blue Shield of CA PPO? ☐ YES ☐ NO Outside of CA: Contracted with Cigna PPO? ☐ YES ☐ NO

Section D. Services requested

Primary diagnosis related to the service(s) requested (please only indicate primary diagnosis):	Corresponding Diagnosis Code (ICD-10):

Service(s) being requested (Please use CPT codes and descriptions):	Number of visit(s) or length of stay: