



## Liberty HealthShare™ Prenotification Cover Sheet

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Date: \_\_\_\_\_

From: \_\_\_\_\_

To: Liberty HealthShare Prenotification Department

Fax number: (330) 617-1159

Cover sheet, plus \_\_\_\_\_ pages

\*\*\*Prenotification is NOT required for the following:

- CT Scans
- Outpatient office visits
- EKG
- Emergency dept. visits
- Routine lab testing
- Wellness & flu vaccines
- Wellness mammograms
- Ultrasounds
- Plain x-rays
- Initial evaluation by therapists
- Skin biopsies

**Prenotification instructions:** Please fax this cover sheet with the Prenotification Request Form along with all clinical information pertaining to this prenotification request.

**Clinical information may include:** Current physician notes, office visits, imaging, therapy evaluations, lab results, hospital admission information, treatment plans, etc.

**Maternity prenotification:** Please send physician notes that include date of conception.

If Liberty HealthShare does not receive adequate documentation to thoroughly complete the requested prenotification an employee will reach out for follow-up within 7-10 business days. All clinical related follow-up will occur with the submitting party. Liberty HealthShare will confirm arrival of the electronic prenotification request with our member, via email or by phone.

*Confidentiality notice: The information contained in this transmission is confidential, proprietary or privileged and may be subject to protection under the law, including the Health Insurance Portability and Accountability Act (HIPAA). The message is intended for the sole use of the individual or entity to whom it is addressed. If you are not the intended recipient, you are notified that any use, distribution or copying of the message is strictly prohibited and may be subject to criminal or civil penalties. If you received this document in error, please immediately notify the sender and Liberty HealthShare's HIPAA Compliance Officer at [compliance@libertyhealthshare.org](mailto:compliance@libertyhealthshare.org) or 855-585-4237.*



# Prenotification Request

General Request Form

Fax completed form to 330-617-1159.

Email to [lhsprenotification@libertyhealthshare.org](mailto:lhsprenotification@libertyhealthshare.org)

If this is an urgent request, please call Liberty HealthShare at 855-585-4237, option 4.

Today's date: \_\_\_\_\_

*This form is intended for active sharing members and may not be applicable to all members or memberships. Additional information may be required.*

Member information
Membership #: _____
Name: _____
Birth date: _____
Enrollment date: _____
Phone #: _____
Other healthcare coverage: _____
_____
_____

Provider information
Name: _____
Phone #: _____
Fax #: _____
Address: _____
State: _____ Zip: _____

Diagnosis: _____	ICD10 codes: _____
_____	_____
_____	CPT codes: _____
Facility: _____	_____
_____	_____
Anticipated date of service: _____	Maternity- date of conception: _____

Please attach supporting clinical documentation that includes onset date of symptoms and return all documentation to Liberty HealthShare Prenotification Department.

PLEASE NOTE: This form and fax number are for prenotification requests only. All other information submitted with a prenotification request will NOT be processed.

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Submitted by: Member  Name: \_\_\_\_\_ Date: \_\_\_\_\_

Provider  Signature: \_\_\_\_\_