

AT&T CarePlus Recommendation Form Service Animal

AT&T CarePlus – A Supplemental Medical Program is an optional supplemental program designed to cover expenses for certain approved procedures not covered under the patient’s medical program. To obtain benefits under CarePlus, participants must obtain prior approval. If prior approval is not obtained, no benefits will be payable.

We have received a request for coverage of a Service Animal under your CarePlus Extended Services Program for the participant listed below. To begin the prior approval process, please complete the below form along with your doctor and service provider.

Member Name			
Member’s Last Name	First	Middle	Member ID
Mailing Address	City	State/Zip Code	Phone No.
Please indicate primary medical insurance: UNITEDHealthcare <input type="checkbox"/> Blue Cross Blue Shield <input type="checkbox"/> Other <input type="checkbox"/> Please specify			
Patient Information			
Member’s Last Name	First	Middle	Relationship
Street Address	City	State/Zip Code	Phone No.
Physician/Provider Information			
Physician’s Name/Address/Phone Number			
Physician’s Name/Signature			
Service Animal Provider/Organization			
Provider’s Name/Address/Phone Number			
**Please provide copy of certification when returning this request.			
<p>Preliminary request for information for pre-approval: Effective 1/1/2018 your CarePlus program provides coverage for charges from a certified organization to purchase a Service Animal. Service Animal for purposes of this provision is defined in the American’s With Disabilities Act, as a dog that has been individually trained to do work or perform tasks for an individual with a disability. The task(s) performed by the dog must be directly related to the person’s disability. Please work with your physician/doctor to provide the following:</p> <ol style="list-style-type: none"> 1. Documentation from your physician/doctor providing his/her recommendation for this request. 2. Physician/medical information must include diagnosis. Benefit is limited to blindness, deafness, paraplegia, or quadriplegia. 3. Copy of the Service Animal provider’s Certification <p>Once you have received your Service Animal, you may use the CarePlus Claim Form Cover Sheet to submit the itemized bill for reimbursement.</p> <p>If you have questions, please call the CarePlus team at 877.261.3340.</p>			
			See page 2 for mailing address

Mail or fax completed form and all supporting documentation to:

Mail to:

AT&T CarePlus Program
PO Box 30886
Salt Lake City, UT 84130

OR

Fax to:

(888) 369-0957

A complete list of procedures and requirements can be found in your CarePlus SPD or SMM (Summary of Material Modification). You may access these documents using the Quick Links tile at <https://careplus.att.com>.