

HEALTH RELATED SERVICES- Flexible Services Request Form

Please take this form to your primary care provider (PCP) to fill out and submit. Fill out a separate form for each item or service. Please note, if this form is not fully completed, the request will not be processed – this form must be typed, handwritten copies will not be accepted.

Usted puede recibir este documento en otro idioma, impreso en letra más grande o de cualquier otra manera que sea mejor para usted. Llame al número gratuito (800) 431-4135. Los usuarios del servicio TTY pueden llamar al (800) 735-2900.

You can get this letter in another language, large print, or another way that's best for you. Call (800) 431-4135 TTY (800) 735-2900.

Please send one request at a time to:

Email: healthrelatedservices@pacificsource.com -or- **Fax:** 541- 385-3123

Date Submitted: ____/____/____

Member Information		
First name:	Last name:	Date of birth:
Address:		
City:	State:	Zip code:
Phone number:	Member ID#:	
Primary Care Provider Information		
Provider Name:		
Clinic name:	Phone number:	
Address:		

Requestor Information

Requestor Name and Title:

Direct phone number:

Requestor address:

Requestor has received PCP approval: Yes No

Name and title of person who obtained approval:

Date approval was received:

Requested Item or Service

Describe Item or Service:

1st Choice: Store Name and Address or Website/Phone Number:

Item/Catalog number/Description (be specific):

Quantity:

Total Cost:

2nd Choice: Store Name and Address or Website/Phone Number

Item/Catalog number/Description (be specific):

Quantity:

Total Cost:

Health condition or diagnosis related to this request:

Describe how this service or item will improve the member/patient health:

Check below where item is to be delivered:

Member address

Requestor

PCP

**If the member's address does not match the address on file with OHA, the item may not be delivered there*