



60 East South Temple • P.O. Box 45530
Salt Lake City, Utah 84145
Telephone: 1-801-578-5600 • Toll free: 1-800-777-3622
Fax: 1-801-578-5916 • Web site: www.dmba.com

Deseret Secure

Advance Organization Determination Request

Deseret Secure Member Name: _____

Birth Date: _____ Deseret Mutual ID Number: _____

Requesting Provider's Name: _____

Phone Number: _____ NPI: _____

Service or treatment requested (please include CPT and/or HCPCS with any applicable modifiers):

Related medical information specific to the member's medical need for treatment or service listed above (please include ICD-9 – CM diagnosis coding, place of service and attach any necessary supporting medical documentation):

Please complete this form and attach any pertinent supporting documentation you wish to be considered in this review. You may also complete a "proxy" claim form (i.e. UB-04 or CMS-1500) clearly noting in the comment section that this is an **Advance Organization Determination**.

Submit your request by fax to 1-801-578-5916 in the Salt Lake City area or toll free to 1-800-777-5113, or by mail to:

Deseret Mutual
Attn: Advance Organization Determination
P.O. Box 45530
Salt Lake City, Utah 84145