

REQUEST FOR AUTHORIZATION OF SERVICES

FAX REQUEST TO: (833) 434-0552

Prior authorization is required for services by any non-participating provider and for certain services by participating providers. Payment only for the medical services noted below, and is subject to the limitations and exclusions as outlined in the Evidence of Coverage.

Authorization Reque	est							
Member name:			DO	B://	_ Member	D:		
Nursing facility:								
Requesting provider / type:				NPI / TIN:				
Phone number: ()				Fax number: ()				
Primary diagnosis:								
Diagnoses (ICD-10 code	es) related to auth. re	quest:						
Servicing provider / type:				NPI / TIN:				
Servicing provider phone	e number: ()	S	ervicing p	provider fax numbe	r: (_)		
Include all clinical documedical necessity decisi					ecessary cl	inical require	d to make a	
Inpatient admit Observation Behavioral health tart date for service checked above (mandatory) : / /			admit SNF (post hospital discharge) SIP (skill in place)					
DME New patient: non-participating physician office v				visit Follow-up: non-participating physician office visit				
Procedure code(s) / quantities: Scheduled date for services: /							/	
Diagnostic testing or pro	cedure (list test or pr	ocedure):						
Procedure code(s):								
Request is for: Initial	Number of visits requested	ional visits Frequency		Procedure cod	e(s)	SOC	Evaluation	
Physical therapy	requested	W						
Occupational therapy		W						
Speech therapy		W						
Home health aide		W					N/A	
To be completed by Standard authoriz completed and includir documentation) are co guidelines. Our goal is	cation: authorization ng supporting medica mpleted within 14 da	requests (properly I record	below	pedited authorizate certify that waiting could place the meaning.	for a decis	ion under the	e standard time	
					Date co	mpleted:	_//	
Name of person comple	• "	. ,						
Notification will be faxed								
Who is receiving authori								
Contact phone number: This authorization is NOT a to denial of payment. This f may not be copied or disse	guarantee of eligibility acsimile message is pri	or payment. Any services vileged and confidential.	s rendered It is transn	beyond those author nitted for the exclusive	ized or outsi e use of the	de approval da addressee. Thi	is communication	