

Authorization Request

Today's date: _____

Fax to 1-888-989-0019

Member information

Member name: _____ Date of birth: _____

Member ID: XYU _____ Social Security number: _____

Type of request

Prior authorization

Concurrent (inpatient days, still in house)

Retrospective review

Provider contact name: _____ Phone: _____ Fax: _____

Office or facility name: _____

Address: _____

Is the office participating? Yes No NPI/Tax ID/Provider ID: _____

Ordering or admitting physician: _____

Address: _____

Is the physician participating? Yes No NPI/Tax ID/Provider ID: _____

Prior authorization request

Type of service (for example: durable medical equipment, scheduled surgery, home health): _____

CPT/HCPCS codes: _____

ICD10: _____ Date of service requested: _____

For DME only: Lease Rental Purchase

Concurrent and retroactive request

Admission date: _____ Discharge date: _____

Is the admission date already approved: Yes No If "Yes," authorization #: _____

Known discharge needs: _____

Other notes:

In order to process your request in a timely manner, please submit any pertinent clinical information to support the request for services. If an out-of-network provider is being used, please submit documentation to substantiate the use of an out-of-network provider as well. Please contact our Utilization Management department at 1-888-312-5713 with questions.