

REQUEST FOR AUTHORIZATION OF SERVICES

FAX REQUEST TO: (844) 869-0884

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:			DOB: / / Mem	ber ID:		
Nursing facility:						
Requesting provider / type:			NPI / TIN:			
Phone number: ()			Fax number: ()			
Primary diagnosis:						
Diagnoses (ICD-10 code	es) related to auth. re	equest:				
Servicing provider / type	:		NPI / TIN:			
Servicing provider phone	e number: ()	S	ervicing provider fax number: ()		
			submitting all relevant and necessal thorization determination.	ry clinical require	ed to make a	
Inpatient admit Observation Behavioral health a Start date for service checked above (mandatory) : / / _			admit SNF (post hospital discharge) SIP (skill in place)			
DME New patient: non-participating physician office visi			visit Follow-up: non-partici	sit Follow-up: non-participating physician office visit		
Procedure code(s) / quantities:			Scheduled date for services: / /			
Procedure code(s):	Scheduled date for	services:/	/			
	Number of visits requested	Frequency	Procedure code(s)	SOC	Evaluation	
Physical therapy	Toquotica	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	Expedited authorization (m below I certify that waiting for a d frame could place the member's jeopardy.	ecision under th	e standard time	
Signature:			Dat	te completed:	//	
			following for notification of the decis			
This authorization is NOT a to denial of payment. This f	ı guarantee of eligibility acsimile message is pr	or payment. Any services rivileged and confidential.	thorization notification fax number: s rendered beyond those authorized or It is transmitted for the exclusive use of you have received this communication i	outside approval d the addressee. Th	ates will be subject nis communication	