

Fax:

1-855-402-1684 (outpatient)

1-844-700-5131 (inpatient)

Phone:

1-866-565-3664

Requestor contact: _____

Phone: _____ Ext: _____

Fax: _____

Routine

Urgent is defined as a medical or behavioral health condition manifesting itself by acute symptoms of sufficient severity such that if services are not received within the required review time frame, the person's situation is likely to deteriorate to the point that emergent services are necessary.

Urgent

Patient name: _____ DOB: _____

Insurance ID: _____ Medicaid Medicare Commercial

Phone: _____ Address: _____

Requesting provider

Name: _____

Tax ID: _____

NPI: _____

Address: _____

Phone: _____ Fax: _____

PCP: Same as above

Name: _____

PCP notified? : Yes No

Servicing provider

Name: _____

Tax ID: _____

NPI: _____

Address: _____

Phone: _____ Fax: _____

Servicing facility

Name: _____

Tax ID: _____

NPI: _____

Address: _____

Phone: _____

Fax: _____

Type of service:

Part B Home health Other

DME: \$_____ purchase/ \$_____ rental

Date of service: _____

Location of service:

Inpatient Outpatient Office

SNF Home Other _____

Must attach supporting clinical information

(e.g., plan of care, medical records, lab reports, letter of medical necessity, progress notes, etc.)

Diagnosis description: _____

ICD-10 code(s): _____

CPT code(s) X quantity: ex.90213x10: _____

Laterality (if appropriate): Left Right

Comments: _____

If out-of-network request, provide reason: _____

This authorization is not a guarantee of payment. Payment is contingent upon eligibility, benefits available at the time the service is rendered, contractual terms, limitations, exclusions, and coordination of benefits, and other terms & conditions set forth in the member's Evidence of Coverage.

The information in this form, including attachments, is privileged and confidential & is only for the use of the individual entities named in this form. If the reader of this form is not the intended recipient or the employee or the agent responsible to deliver to the intended recipient, the reader is hereby notified that any dissemination, distribution, or copying of this communication is strictly prohibited. If this communication has been received in error, the reader shall notify sender immediately and shall destroy all information received.