

Requestor's Contact Name:		Requestor's Contact #:	
Patient Information:			
*Name:		*DOB:	
*Member ID #:		*Member Phone #:	
Work Related Injury?	Yes No	Motor Vehicle Accident related injury?	Yes No
Does the member have other insurance?	Yes No	If Yes, other insurer	
Does the member have Medicare?	Yes No	If Yes,	Part A Part B
*Service Is: Elective / Routine		Expedited / Urgent	
Note: Selected Expedited/ Urgent to prevent serious deterioration in health or jeopardize ability to regain maximum function.			
(For Claim Denial or Prior Authorization Denial, please submit an Appeal through Customer Service at 1-800-429-1023)			
*Referral Service Type Requested: Please review plans benefit prior to request			
Inpatient	Outpatient	Behavioral Health	Other
Emergent Inpatient Concurrent Review Surgical Procedures Elective Admission Elective Observation SNF Rehab Maternity NICU Hospice	Surgical Procedure PT, OT, ST Imaging Chiropractic Acupuncture Hospice	Inpatient Partial Hospitalization Intensive Outpatient (IOP) Residential Treatment Chemical Dependency Office Visit Other Therapy:	Home Health /Skilled Services (SN/PT/OT/SP) Private Duty Nursing (see PDN specific form) DME Transportation / Transfers Air Ambulance Other: Click here to enter text.
Procedure Information:			
*ICD 10 Diagnosis:		Diagnosis Description:	
*CPT/HCPC Code & Description (Include Unit of Measure / Frequency for supplies):			
*Date(s) of Service:		Number of Visits:	
Provider Information:			
Ordering Provider	Is this the member's Primary Care Physician?		Yes No
*Name:	*NPI	TIN:	
*Phone:	*Fax		
*Address:			
Servicing Provider	Is this the same as the Ordering Provider?		Yes
If not complete below:			
*Name	*NPI	TIN:	
*Phone	*Fax:		
*Address			
Facility			
*Name:	*NPI	TIN:	
*Phone	*Fax		
*Address			
Request for extension to authorization request:			
For SCA Coordination Needs			
Name:		Phone:	
<p style="color: red; margin: 0;">ATTACH CLINICAL NOTES/SUMMARY TO SUPPORT MEDICAL NECESSITY. INCOMPLETE INFORMATION MAY DELAY THE PROCESS. ALWAYS VERIFY ELIGIBILITY, BENEFITS, AND PRIOR AUTHORIZATION REQUIREMENTS.</p>			

Disclaimer: An authorization is not a guarantee of payment. Member must be eligible at the time of services are rendered. Services must be a covered Health Plan Benefit and medically necessary with prior authorization as per Plan policy and procedures.

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