Authorization Request Form
Attn: Intake Processing Unit
Phone: 1-866-209-6502
Fax: 1-855-350-3142

This authorization is NOT a guarantee of eligibility or payment. Any services rendered beyond those authorized or outside approval dates will be subject to denial of payment.

☐ **EXPEDITE REQUEST: By checking this box, I am stating that waiting for a decision under the standard time frame could place the enrollee's life, health, or ability to regain maximum function in serious jeopardy or subject the enrollee to severe pain that cannot be adequately managed without the care or treatment being requested.**

Member Name: _____

Member ID Number: _____ Date of Birth: _____ / _____ / _____

Requesting Provider Name: _____
Requesting Provider NPI: _____Requesting Provider Tax ID#:_____
Servicing Provider/Facility Name: _____
Servicing Provider NPI#: _____ Servicing Provider Tax ID#: _____
Contact Name: _____ Contact Phone: _____ Contact Fax:_____

Requested Service:

- ☐ Inpatient Hospital Admission
- ☐ Psychiatric Inpatient Admission
- ☐ Skilled Nursing Admission
- ☐ Elective Surgical Procedures
- ☐ Bariatric Surgery
- ☐ Residential Treatment Facility Program
- ☐ Substance Use Rehabilitation
- ☐ Long Term Acute Care Facility
- ☐ Gene Therapy/Genetic Testing
- ☐ Transplant/Candidacy Eval
- ☐ Other_____

Service Dates: _____

ICD: _____ Dx Description: _____
Service Code 1 (HCPCS, CPT, etc.): _____ Service Code 1 Description: _____
Service Code 2: _____ Service Code 2 Description: _____

Quantity / Frequency / Duration (as applicable): _____

☐ **Clinicals are attached to support this case**

****If this authorization is related to a denied claim, please follow the appeal process on the denial letter. If you have questions regarding the appeal process, please call 1-866-209-6502.**