INPATIENT AUTHORIZATION REQUEST

Fax To: (888) 890-8219

Check One of the Following

☐ **Inpatient Acute Hospital**	☐ **Observation**	☐ **Skilled Nursing (SNF)**	☐ **Rehab**
☐ **Sub Acute**	☐ **Intermediate Care (ICF)**		☐ **Level of Care Change**

***Required Information –** In order to ensure our members receive quality care, appropriate claims payment and notification of servicing providers, all required fields on this form must be completed. Please type or print in black ink and submit this request to the fax number above. For an urgent* request, do not fill-out this form. Please call **Medicare** at **(888)-505-1201** or **Medicaid** at **(888) 846-4262.**

Member

Member Plan ID:	Today's Date:	Member COB: ☐ Yes ☐ No
Member Last Name:	Member First Name:	
Member Phone Number:	Date of Birth:	

Requesting Provider

Provider ID:	Type: ☐ PCP ☐ Specialist
Provider Last Name:	Provider First Name:
Phone Number:	Fax Number:
Specialty:	RP Contact:

Treating Provider

☐ Check this box to skip this section and have the Plan assign the Treating Provider

Provider ID:	Specialty:
Provider Last Name:	Provider First Name:
Address:	City/State/Zip Code:
Phone Number:	Fax Number:

Facility

☐ Check this box to skip this section and have the Plan assign the Facility

Type:	☐ Planned Admission	☐ Emergency Notification	Medical Record Number:
Facility ID:			Facility Name:
Address:			City, State, Zip Code:
Phone Number:			Fax Number:

Service Requested

Planned Date of Service	From:	To:	Requested Length of Stay:	Days

Primary ICD-9 Code:	Description
Primary CPT-4 Code:	Description:
Rev Code:	Description:

INSTRUCTIONS: Please include a clinical summary below including additional procedure codes as applicable. Attach supporting clinical records, if necessary.

Approved 1147 validity date span	From:	To:

*Authorizations will be given for medically necessary services only: it is not a guarantee of payment. Payment is subject to verification of member eligibility and to the limitations and exclusions of the member's contract. Emergencies do not require prior authorization (An emergency is a medical condition manifesting itself by acute symptoms of sufficient severity which could result, without immediate medical attention, in serious jeopardy to the health of an individual). *Urgent Care is defined as medically necessary treatment for an injury, illness, or other type of condition (usually not life threatening) which should be treated within 24 hours.*