



# Inpatient/Outpatient Services Prior Authorization Request Form

To request services for Medicare Advantage fax to 1-888-535-5243.

Requests can be submitted online at any time through **Availity.com**.

Inpatient      Outpatient

Please indicate if service request meets CMS/NCQA definition of Urgent or Expedited:      Yes, Urgent/Expedited

Rationale: \_\_\_\_\_

## Submitter Contact Information

Name: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

## Member Information

Member Name: \_\_\_\_\_

Member ID Number: \_\_\_\_\_ Member Gender: \_\_\_\_\_

Member Address: \_\_\_\_\_

Member Phone Number: \_\_\_\_\_ Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_

Primary Diagnosis for requested service, (list ICD-10 Codes):

## Ordering Physician

Ordering Physician: \_\_\_\_\_

Provider Number: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Fax Number: \_\_\_\_\_

National Provider Identifier: \_\_\_\_\_ Tax ID: \_\_\_\_\_

Address: \_\_\_\_\_

## Treating Facility Information

Treating/Facility Name: \_\_\_\_\_

Provider Number: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Fax Number: \_\_\_\_\_

National Provider Identifier: \_\_\_\_\_ Tax ID: \_\_\_\_\_

Address: \_\_\_\_\_

## Service Type (Select appropriate service type)

Date of Service/Admit Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

Type of admit: Emergency or Elective (scheduled): \_\_\_\_\_

If extension, What are the dates of service requested? \_\_\_\_\_

Please include applicable procedure(s) names and code(s) below.

Name/Description	CPT®/HCPCS

Please include specific clinical supporting the medical necessity of the requested items.

## Clinical Information

Past medical history, provider's orders/treatment plan, IV meds, oxygen support, all pertinent lab values, all pertinent diagnostic testing, wound description and care, nutrition/diet, activity, prior level of function, therapy notes/evaluation, discharge plans and any other supportive information. Please attach imaging reports if applicable.

**Disclaimer:** Authorization is not a confirmation of coverage or benefits. Benefits remain subject to all contract terms, benefit limitations, conditions, exclusions, and the patient's eligibility at the time services are rendered.