

Fax: 1-866-340-5775 • Phone: 1-844-691-9984

Admission Type:

- Emergent
- Preauthorized – Preauthorization number: _____

Date of Admission: _____

Requesting:

- Inpatient
- Observation
- Observation changed to inpatient
- Scheduled same-day surgery changed to inpatient
- Acute rehab
- Long-term acute care (LTAC)
- Skilled nursing facility
- Behavioral health

Patient Information:

Member Name:		DOB:
Member ID#:	Member Phone #: () -	

Procedure Information:

Diagnosis (required):
ICD-9 code (required):
CPT/HCPCS code/description:

Ordering/Referring Provider Information (REQUIRED):

Name:	TIN/NPI#:
Address:	Fax:
Phone:	

Rendering Facility (REQUIRED):

Name:	TIN/NPI#:
Address:	Fax:
Phone:	

ATTACH CLINICAL NOTES/SUMMARY TO SUPPORT MEDICAL NECESSITY

Patient symptoms and duration:

FAX CLINICAL INFORMATION TO: 1-866-340-5775

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