

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 CMS time frame (14 days) could place the enrollee's life, health, or ability to regain maximum function in serious jeopardy

Member Name: _____

Member Number: **AR3**_____ 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:

- | | |
|---|--|
| <input type="checkbox"/> Inpatient Hospital Admission | <input type="checkbox"/> Speech Therapy [†] |
| <input type="checkbox"/> Psychiatric Inpatient Admission | <input type="checkbox"/> Durable Medical Equipment/Prosthetics |
| <input type="checkbox"/> Skilled Nursing Admission [†] | <input type="checkbox"/> Mental Health Specialty Services [†] |
| <input type="checkbox"/> Partial Hospitalization | <input type="checkbox"/> Home Health* |
| <input type="checkbox"/> Physical Therapy [†] | <input type="checkbox"/> Psychiatric Services [†] |
| <input type="checkbox"/> Occupational Therapy [†] | <input type="checkbox"/> Out of Network Services |

No auth needed for Medicare-covered Outpatient Hospital Services, Observation Services, Lab Services, Diagnostic/Therapeutic Radiological Services, and Diagnostic Procedures/Tests

Service Dates: _____

ICD: _____ Dx Description: _____

Service Code 1 _____ Service Code 1 _____

(HCPCS, CPT, etc.): _____ Description: _____

Service Code 2 _____ Service Code 2 _____

Service Code 2: _____ Description: _____

Quantity / Frequency / Duration (as applicable): _____

Clinicals are attached to support this case

***Referral from a contracted provider is required in addition to prior authorization.**

†Authorization not required for facilities under alternative payment / value based / bundledpayment arrangements.