



**Authorization Request Form**

Attn: Intake Processing Unit

Phone: 1-833-215-9332

Fax: 1-866-439-0065

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: **AR**\_\_\_\_\_ 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<sup>†</sup>
- Partial Hospitalization
- Physical Therapy<sup>†</sup>
- Occupational Therapy<sup>†</sup>
- Medicare Part B Drugs (Antibody and Gene/Cell Therapies only)
- Speech Therapy<sup>†</sup>
- Durable Medical Equipment/Prosthetics<sup>†</sup>
- Mental Health Specialty Services<sup>†</sup>
- Home Health\*
- Psychiatric Services<sup>†</sup>
- 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.**

**<sup>†</sup>Authorization not required for facilities under alternative payment / value based / bundledpayment arrangements.**

