



Insurance focused on you.

Authorization Request Form Attn: Intake Processing Unit

To verify benefits: 1-800-485-3793

To check status of a request: 1-844-228-1070

Fax Request To: 1-844-798-4357

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.

Authorization Type: (check one) _____ Standard _____ Urgent / Expedited

Date: _____ / _____ / _____ Check here if request is in response to a denied claim _____

Member Name: _____

Member Number: **VL** _____ Date of Birth: _____ / _____ / _____

Prescribing Provider: _____

Servicing Provider/Facility Name: _____

Phone: _____ Fax: _____

Request Service: Inpatient Admissions Service Dates: _____

_____ Acute Inpatient Hospital Admission _____ Psychiatric Inpatient Admission

_____ Skilled Nursing Admission _____ Inpatient Rehab Admission

Request Service: Outpatient Services Service Dates: _____

_____ Physical Therapy _____ Durable Medical Equipment

_____ Occupational Therapy _____ Ambulatory / Outpatient Surgery

_____ Speech Therapy _____ Home Health

_____ Diagnostic Services _____ Radiology Services

_____ **Out of Network Inpatient or Outpatient Services**

ICD _____ Diagnosis Descriptions _____

Service Code (CPT, HCPCS, etc.) _____ Service Descr. _____

Quantity/Frequency/Duration (as applicable): _____

_____ **Clinicals are attached to support request. (All applicable clinicals should be attached.)**

For Questions Regarding this Request, Contact:

Name: _____

Phone: _____ Fax: _____

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