



Insurance focused on you.

Skilled Services Authorization Request Form: Please send to your Valor NP or Case Manager

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 \_\_\_\_\_ Expedited
\_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ 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: Skilled Services Service Dates: \_\_\_\_\_

Nursing Services being completed under skilled time:
\_\_\_\_\_
\_\_\_\_\_
\_\_\_\_\_
\_\_\_\_\_

Skilled Therapy Needs:
\_\_\_\_\_ Physical Therapy # of visits per week \_\_\_\_\_
\_\_\_\_\_ Occupational Therapy # of visits per week \_\_\_\_\_
\_\_\_\_\_ Speech Therapy # of visits per week \_\_\_\_\_

ICD \_\_\_\_\_ Diagnosis Descriptions \_\_\_\_\_

\_\_\_\_\_ Clinicals are attached to support request. (All applicable clinicals should be attached.)

Concurrent Review Request: (Please submit at least 2 days prior to expiration of current approval)

Description of continued need of skilled services (nursing and/or therapy):
\_\_\_\_\_
\_\_\_\_\_
\_\_\_\_\_

\_\_\_\_\_ Skilled nursing documentation attached to support continued skilled nursing needs and/or updated therapy notes

NOMNC is the responsibility of the facility to provide to member. Valor accepts the traditional CMS NOMNC:

QIO: Livanta 888-524-9900
Plan Contact Information: Valor Health Plan Customer Service 1-800-485-3793
NOMNC must be issued 2 days prior to last covered day. Payment is not guaranteed for unapproved extension due to failure to provide NOMNC timely.

For Questions Regarding this Request, Contact:

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

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

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