

**Fax Authorization Request Form**



Date of request: \_\_\_\_\_

Member Name: \_\_\_\_\_  
 Member ID#: \_\_\_\_\_  
 CIN \_\_\_\_\_ DOB \_\_\_\_\_

**FAX-800-338-4195**

Requesting  
 Provider Name: \_\_\_\_\_  
 Provider ID#: \_\_\_\_\_  
 Location: \_\_\_\_\_  
 Caller: \_\_\_\_\_  
 Phone #: \_\_\_\_\_  
 Fax #: \_\_\_\_\_

**Request for Pre-Authorization**  
 Authorization #: \_\_\_\_\_  
*For office use only*

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

**Type of Request (please check box and specify):**

Diagnostic / Invasive Studies	CPT	Outpatient Services	Description
<input type="checkbox"/> Sonogram	Code _____	<input type="checkbox"/> Ambulatory Surgery	
<input type="checkbox"/> Nuclear	Code _____	<input type="checkbox"/> DME Purchase	
<input type="checkbox"/> Stress Test	Code _____	<input type="checkbox"/> _____	
<input type="checkbox"/> MRI	Code _____	<input type="checkbox"/> DME Rental	
<input type="checkbox"/> CT	Code _____	<input type="checkbox"/> _____	
<input type="checkbox"/> Other	Code _____	<input type="checkbox"/> HCPCS Codes	
Additional Procedure Codes			

Home Care Codes	<b>SNV</b>	<b>PT</b>	<b>OT</b>	<b>HHA</b>	<b>MSW</b>	Agency Name _____
Req Visits						Agency Contact and Phone _____

**Inpatient**     Elective Admission                      Scheduled Date \_\_\_\_\_  
 Emergency Admission Notification              Admission Date \_\_\_\_\_

Procedures for Elective Admission \_\_\_\_\_  
 Procedure Codes: \_\_\_\_\_

**Pre-authorization cannot be provided without the following:**

Diagnoses: \_\_\_\_\_ Dx Codes: \_\_\_\_\_

*Statement of Medical Necessity: Please provide any pertinent medical records to support the request*

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

- ✓ Call 1-800-765-3805 for any questions regarding Pre-Authorization
- ✓ 72 hours Advanced Notice is Required

NHP UM Department will send a fax notification with our determination within 3 business days for standard requests.

**For Behavioral Health:** Beacon Health Services                      Please call- 1-866-969-2661