



Medicare Advantage Plans Prior Authorization Request Form

All fields are mandatory. Chart notes are required and must be faxed with this request.

Incomplete requests will be returned.

Call: 855-959-5855 Fax: 813-775-2609 and you can also enter through our provider portal at ccahealthmi.org

Patient Information	
Patient Name:	Member/Patient ID number:
Patient Date of Birth:	
Who Is Requesting Care Provider Information	
Provider or Facility Name:	NPI Number:
Specialty:	Provider ID (if known):
Who Is Providing Care Provider Information	
Provider or Facility Name:	NPI Number:
Specialty:	TAX ID Number:
Procedure Information	

<p>Requested service(s) click all that apply:</p> <p><input type="checkbox"/> Out of Network <input type="checkbox"/> Inpatient</p> <p><input type="checkbox"/> Office visit <input type="checkbox"/> Outpatient or ASC</p> <p><input type="checkbox"/> Surgery <input type="checkbox"/> Ambulance (non emergent)</p> <p><input type="checkbox"/> Diagnostics <input type="checkbox"/> DME</p> <p><input type="checkbox"/> J-Codes <input type="checkbox"/> PT/ST/OT/Home Health</p> <p><input type="checkbox"/> Other _____</p>	<p>Place of Service:</p> <p><input type="checkbox"/> Hospital <input type="checkbox"/> ASC</p> <p><input type="checkbox"/> Home <input type="checkbox"/> Outpatient/ASC</p> <p><input type="checkbox"/> Imaging Center <input type="checkbox"/> SNF</p> <p><input type="checkbox"/> Diagnostics <input type="checkbox"/> Office</p> <p><input type="checkbox"/> Other _____</p>
<p>Start Date</p>	<p>Number of visits requested:</p>

<p>End Date</p>	<p>Diagnosis:</p>
<p>CPT Codes:</p>	
<p>ICD Codes:</p>	
<p>Comments:</p>	
<p>Contact name:</p>	<p><input type="checkbox"/> Please expedite! This provider believes that waiting for a decision under the standard timeframe could place the enrollee's life, health, or ability to regain maximum function in serious jeopardy. <i>(CMS definition)</i></p>
<p>Contact phone:</p>	
<p>Contact fax:</p>	
<p>Total pages faxed, including this cover page:</p>	<p>Question, Please Call 855-959-5855</p>