UM Department Phone #: 844-824-8653
UM Department Fax I#: 888-522-6740

Requestor's Contact Name:	Requestor's Contact #:

Patient Information:

*Name:	*DOB:
*Patient ID #:	*Patient Phone #:
*Service Is: ☐ Elective / Routine	☐ Expedited / Urgent

Note: Selected Expedited/ Urgent to prevent serious deterioration in health or jeopardize ability to regain maximum function.

(For Claim Denial or Prior Authorization Denial, please submit an Appeal through Customer Service at 1-844-243-5175)

***Service Type Requested:** Please review plans benefit prior to request

Inpatient	Outpatient	Other
☐ Emergent Inpatient	☐ Surgical Procedure	☐ Home Health /Skilled Services (SN/PT/OT/SP)
☐ Concurrent Review	☐ Physical Therapy	☐ Private Duty Nursing (see PDN specific form)
☐ Observation Stay >48 hrs	☐ Occupational Therapy	☐ DME
☐ Surgical Procedures	☐ Speech Therapy	☐ Hearing Aids
☐ Elective Admission	☐ Chiropractic Services	☐ Prosthetics/Orthotics
☐ Skilled Nursing Facility	☐ Chemotherapy	☐ Transportation / Transfers
☐ Long-Term Acute Care	☐ Imaging	☐ Genetic Testing
☐ Acute Rehab	☐ Sleep Study	☐ Other:
☐ Maternity	☐ Pain Management	
☐ NICU Stay	☐ Colonoscopy / EGD	
☐ Hospice	☐ Intensive Cardiac & Pulmonary Rehab	
☐ Transplant	☐ Pre/Post Transplant Services	

Procedure Information:

***ICD 10** Diagnosis:	Diagnosis Description:
***CPT/HCPC** Code & Description *(Include Unit of Measure / Frequency for supplies):*	
*Date(s) of Service:	# of Units or Visits:

Provider Information:

Requesting Provider	Is this the patient's Primary Care Physician? ☐ Yes ☐ No	
*Name:	*NPI	TIN:
*Phone:	*Fax	
*Address:		

Rendering Provider ☐ Same as the Requesting Provider **If Requesting and Rendering providers differ, complete section below**		
*Name:	*NPI	*TIN:
*Phone:	*Fax	
*Address:		

Facility ☐ N/A		
*Name:	*NPI	*TIN:
*Phone	*Fax	
*Address		

Request for extension to existing authorization number:

PLEASE COMPETE ALL SECTIONS WITH AN ASTRICK AND ATTACH CLINICAL NOTES/SUMMARY TO SUPPORT MEDICAL NECESSITY.
INCOMPLETE INFORMAITON MAY DELAY THE PROCESS.

Always verify eligibility, benefits and prior authorization requirements