

All fields are **REQUIRED**. Supporting clinical documentation must be submitted at the time of the request. An incomplete request form and/or missing clinical documentation will delay the authorization process. Please fax to **1-866-263-9036**.

Request expedited determination. Up to 72 hours processing. **STAT orders only**. STAT/Expedited/Urgent requests must be supported by acute symptoms of sufficient severity such that the absence of immediate medical attention could reasonably be expected in any of the following:

- Serious jeopardy to the health of the patient, including pregnant women or their fetus.
- Serious impairment to bodily functions; serious dysfunction to any organ or body part.

Member information		
Last name:	First name:	Member ID:
Date of birth:	Gender: <input type="checkbox"/> Female <input type="checkbox"/> Male	Date of service:

Diagnosis: ICD 10 code and description	
Code:	Description:

Requested service. Please include supporting chart notes, diagnostic tests, and lab values when appropriate.

Procedure: CPT code and description	
Code:	Description:

Requesting provider information (primary care or specialist)		
Name:		
Provider ID:	Tax ID:	NPI:
Telephone:	Fax:	
Contact person:		

Servicing provider or facility (e.g., hospital, surgery center, durable medical equipment [DME] provider, etc.)		
Name:		
Provider ID:	Tax ID:	NPI:
Telephone:	Fax:	
Contact person:		
<input type="checkbox"/> Participating <input type="checkbox"/> Out-of-network		