



PRIOR AUTHORIZATION REQUEST
IF NOT COMPLETED IN FULL, REQUEST WILL BE RETURNED

Phone: 888-961-3100 Fax: 888-465-5581
You will receive a response for any routine requests within 2 business days following receipt of all necessary medical information.

Submitting Request: Phone: Fax:
Patient Name: DOB:
RID # Additional Insurance:
PMP Name: PMP Phone: PMP Fax:
PMP IHCP #

Specialty Referral

Specialist Name: IHCP # Specialty:
Requested Service: Service Type / Vendor:
Date(s) of Service / Procedure: Consult Only Consult & Treat Documentation Attached
Pertinent Medical Information:

Referral Type: Self Referral Referred by PMP Out-Of-Network
If requesting approval for out-of-network provider, indicate why participating provider cannot provide service.

Diagnosis: ICD9 Code(s)
Procedure: CPT-4 Code(s)

Referred to: Requested Service:
Date of requested service: Requested Units / Visits

Table with 3 columns: S E R V I C E, R E Q U E S T E D, and D. Rows include Observation, Surgical procedure, Home health care, CT/MRI/PET Scans, Plastic/Reconstructive Services, Inpatient hospital services, Pain Management, Notification of Pregnancy, Specialist Office # Visits, Other (explain), Rehabilitation Services (PT/OT/ST), Skilled Nursing Facility Confinement (short-term care <60 days), Chiropractic: Muscle Testing or Temperature Gradient Study, and Transplant Work-up.

PLEASE DO NOT WRITE BELOW THIS LINE FOR MDWISE HOOSIER ALLIANCE USE ONLY

Authorization # # of Units Approved:
Time Frame: / / to / / (Approval for Consult & Tx is valid for 90 days)

Urgent Non Urgent Pre-Service Post-Service Concurrent Retrospective
Authorizing Agent: EXT: Decision Date:

MDwise Hoosier Alliance Medical Director Decision Reason for Denial Reason for Approval
Approved Denied Approved as modified Pended for further research/information
Not medically necessary Not a covered benefit Service available in-network Other: see attached documentation
Medically necessary Covered benefit Continuity of care Referred by PMP

Medical Director Signature: Date:

PRIOR AUTHORIZATION IS NOT A GUARANTEE OF PAYMENT: PLEASE BE SURE TO CHECK ELIGIBILITY.

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