MOLINA HEALTHCARE

MyCareOhio
Connecting Medicare + Medicaid

P.O. Box 349020
Columbus, OH 43234
Telephone #: (855) 322-4079
Fax #: (877) 708-2116

Fax Cover Sheet

To: _____

From: _____

ATTN: _____

Sender Phone: _____

Fax: _____

Sender Fax: (877) 708-2116 _____

Nursing Facility Name (and TIN): _____

Date: _____

Please fax all requests for Molina Dual Options MyCare Ohio (including Medicaid only) members to Molina Healthcare at (877) 708-2116 or call Molina Healthcare Case Intake (855) 322-4079 for an authorization. Molina Healthcare authorizes custodial/long-term residential stays for six month increments. Please call Molina Healthcare Case Intake for either a new authorization or an extension of the existing authorization. This form may be utilized to request skilled care, custodial/long-term residential stays, or hospice. Please place member name, DOB, original date of admission, and authorization type requested on the bottom of this form and fax back to Molina Healthcare. Molina Healthcare will return with the authorization number, date range of approved days, authorization explanation date, and date to call for a new authorization or an extension of an existing authorization.

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Facility to complete these fields				Molina Healthcare to complete these fields			
Name	**DOB**	**Original Admit Date**	**Auth. Type: Skilled/Custodial/ Hospice**	**Authorization**	**Date Range of Approved Days**	**Authorization Expiration Date**	**Date to Call for New Authorization**

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