



# Authorization Request Fax Cover

07/09

Use this cover when faxing authorization requests for MHS/NHP members.

Complete all sections. Fax it and all pages to **(866) 467-1316**

For urgent requests outside of normal business hours call (800) 280-2348

Please check box if this request is Clinically Urgent.

\*Definition of Clinically Urgent: "Services received for an unexpected illness or injury that is not life threatening but requires immediate outpatient care that cannot be postponed. An urgent situation requires prompt medical attention to avoid complications and unnecessary suffering or severe pain."

**Please check the appropriate box to enhance timely processing**

- Admission**  
OB/Medical, Rehabilitation, Skilled Nursing
- Home Health Services Authorization**
- Chronic Pain Management Referral**
- Plastic Surgeon Referral**
- Surgery Authorization Request**
- Sleep Study Referral**
- Utilization Review**
- Dermatology**
- Durable Medical Equipment**
- Orthopedic Referral**
- Pharmacy Authorization**
- Podiatrist Referral**
- Radiology Request**
- Therapy Referral** OT, PT, ST, B-3
- Other Referral**

**ATTENTION:** MHS contact, if known \_\_\_\_\_

Member Name \_\_\_\_\_ Today's Date \_\_\_\_\_

Member ID# \_\_\_\_\_ Member DOB \_\_\_\_\_

CURRENT Address: \_\_\_\_\_ CURRENT Phone # \_\_\_\_\_

OTHER Insurance: \_\_\_\_\_ ID#: \_\_\_\_\_ Phone \_\_\_\_\_

Member Diagnosis \_\_\_\_\_

Requesting Provider \_\_\_\_\_ Office Contact \_\_\_\_\_

Office Phone \_\_\_\_\_ Fax \_\_\_\_\_

**Additional information:**

Date of Service \_\_\_\_\_

\_\_\_\_\_