



Medical Prior Approval or Out of Network Request Form

Instructions: Please fill out this form completely and fax to 517.364.8409, Monday - Friday, 8 a.m. to 5 p.m. EST, except holidays. Documentation that must be submitted with the request includes:

- ✓ Clinical documentation that supports the need for the service(s)
- ✓ Clinical documentation that supports the need for the service(s) to be performed out-of-network
- ✓ Consult report from the in-network specialist who evaluated the member for the requested service
- \checkmark Any other pertinent information for the review of this request.

Patient Information	Referring Prescriber Information
Today's date:	Referring Provider name:
Member name:	Office phone: Fax:
Member's PHP ID#:	Office contact:
Date of birth:	Patient's Primary Physician:
Out of Network Provider/Facility Information (if applicable)	
Out of Network Provider name:	Specialty:
Phone #:	NPI #:
Fax #:	TIN #:
Address: (include city, state, zip)	Out of network contact person:
If the request is a procedure , and will be performed at a facility :	
Facility name:	Facility contact person:
Phone:	Fax:
Address: (include city, state, zip)	
Was the member evaluated by an in-network specialist?	Are the requested services available in the network?
Services Requested	
ICD10 Diagnosis code:	CPT Procedure code(s):
☐ Initial Request ☐ Extension Request ☐ Non-urgent service ☐ Clinically urgent service ☐ Retroactive Service:	
DOS not scheduled yet	Number of visits:
DOS scheduled on:	
Retrospective DOS:	
Service location: Office Outpatient Inpatient Home	
11/18/2020	

The documents accompanying this telecopy transmission contain confidential information that belongs solely to the sender. The information contained herein is intended only for the use of the individual or entity named above. The authorized recipient of this information is prohibited from disclosing this information to any other party and is required to destroy the information after its stated need has been fulfilled, unless otherwise required by law. If this information is of a peer nature, please note that the records, data, and knowledge collected for or by individuals or committees assigned a review function are confidential and are not subject t to a court subpoena or discovery request. If you are not the intended recipient of this information, you are hereby notified that any disclosure, copying, distribution or action taken in reliance on the contents of these documents is strictly prohibited. If you have received this telecopy in error, please notify the sender immediately to arrange for the return of these documents. A subsidiary of Sparrow Health System.