



**Fax:** 1-505-232-1386  
 1-855-221-1978 (part b)  
 1-505-232-1387 (Inpatient)  
**Phone:** 1-800-620-6768

Requestor contact: \_\_\_\_\_  
 \_\_\_\_\_  
 Phone: \_\_\_\_\_ Ext: \_\_\_\_\_  
 Fax: \_\_\_\_\_

Routine      **Urgent** is defined as a medical or behavioral health condition manifesting itself by acute symptoms of sufficient severity such that if services are not received within the required review time frame, the person's situation is likely to deteriorate to the point that emergent services are necessary.  
 Urgent

Patient name: \_\_\_\_\_ DOB: \_\_\_\_\_  
 Insurance ID: \_\_\_\_\_  Medicaid  Medicare  Commercial  
 Phone: \_\_\_\_\_ Address: \_\_\_\_\_

**Requesting provider**  
 Name: \_\_\_\_\_  
 Tax ID: \_\_\_\_\_  
 NPI: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 Phone: \_\_\_\_\_ Fax: \_\_\_\_\_  
 PCP:  Same as above  
       Name: \_\_\_\_\_  
 PCP notified? :  Yes  No

**Servicing provider**  
 Name: \_\_\_\_\_  
 Tax ID: \_\_\_\_\_  
 NPI: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

**Servicing facility**  
 Name: \_\_\_\_\_  
 Tax ID: \_\_\_\_\_  
 NPI: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 Phone: \_\_\_\_\_  
 Fax: \_\_\_\_\_

**Type of service:**  
 Part B     Home health     Other  
 DME: \$\_\_\_\_\_ purchase/ \$\_\_\_\_\_ rental  
**Date of service:** \_\_\_\_\_  
**Location of service:**  
 Inpatient     Outpatient     Office  
 SNF     Home     Other \_\_\_\_\_

**Must attach supporting clinical information**  
 (e.g., plan of care, medical records, lab reports, letter of medical necessity, progress notes, etc.)

Diagnosis description: \_\_\_\_\_  
 ICD-10 code(s): \_\_\_\_\_  
 CPT code(s) X quantity: ex.90213x10: \_\_\_\_\_  
 Laterality (if appropriate):  Left     Right  
 Comments: \_\_\_\_\_  
 If out-of-network request, provide reason: \_\_\_\_\_

This authorization is not a guarantee of payment. Payment is contingent upon eligibility, benefits available at the time the service is rendered, contractual terms, limitations, exclusions, and coordination of benefits, and other terms & conditions set forth in the member's Evidence of Coverage.

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