ClarionHealth

Medical Management: Phone 571-210-2943/Fax 888-669-1763 Provider Services: 844-865-8059/Member Services: 844-824-8771

Requestor's Contact Name:				Requestor's Contact #:							
Patient Information:											
*Name:				*DOB:							
*Member ID #:				*Member Phone #:							
Work Related Injury?	☐	Yes	☐	No	Motor Vehicle Accident related injury?	☐	Yes	☐	No		
Does the member have other insurance?	☐	Yes	☐	No	If Yes, other insurer:						
Does the member have Medicare?	☐	Yes	☐	No	If Yes,	☐	Part A	☐	Part B		
*Service Is: ☐ Elective/Routine				☐ Expedited/Urgent							

Note: Select Expedited/Urgent to prevent serious deterioration in health or jeopardize ability to regain maximum function.

(For Claim Denial or Prior Authorization Denial, please submit an Appeal through Customer Service at 844-865-8059)

***Referral Service Type Requested:** Please review plans benefit prior to request

Inpatient	Outpatient	Other
☐ Emergent Inpatient Admission	☐ Surgical Procedure	☐ DNA/Genetic Testing
☐ Concurrent Review	☐ Imaging	☐ Orthotics/Prosthetics > $750
☐ Long-Term Acute	☐ Physical Therapy	☐ Lab Services
☐ SNF	☐ Occupational Therapy	☐ Other: Click here to enter text.
☐ Rehab	☐ Speech Therapy	
☐ Transplant	☐ Chemotherapy	
☐ Maternity	☐ Pain Management	
☐ Elective Admission/Surgery	☐ Cosmetic/Reconstructive	
	☐ Sleep Study	

Procedure Information:		
***ICD 10** Diagnosis:	Diagnosis Description:	
***CPT/HCPC** Code & Description *(Include Unit of Measure / Frequency for supplies):*		
*Date(s) of Service:	Number of Visits:	
Provider Information:		
Ordering Provider	Is this the member's Primary Care Physician? ☐ Yes ☐ No	
*Name:	*NPI:	TIN:
*Phone:	*Fax:	
*Address:		
Servicing Provider	Is this the same as the Ordering Provider? ☐ Yes ☐ No	
If not complete below:		
*Name:	*NPI:	TIN:
*Phone:	*Fax:	
*Address:		
Facility		
*Name:	*NPI:	TIN:
*Phone:	*Fax:	
*Address:		
Request for extension to authorization request:		

ATTACH CLINICAL NOTES/SUMMARY TO SUPPORT MEDICAL NECESSITY. INCOMPLETE INFORMATION MAY DELAY THE PROCESS.

Always verify eligibility, benefits and prior authorization requirements