

# Request for Review of Readmission Form (Authorization Review)

**Submit completed form via fax to Health Services at 1-833-263-4866**

- All requests for authorization review must be filed within 90 days from the date of discharge.
- Submit clinical summary to support inpatient status below.
- This is a final review.

## Authorization Information

<b>Member's Name</b>		
<b>Member's Number</b>	<b>Date(s) of Service</b>	<b>Authorization Number</b>
<b>Provider's Name</b>		
<b>Provider's NPI*</b>	<b>Provider's TIN</b>	
<b>Provider's Phone Number</b>	<b>Provider's Fax Number</b>	
<b>Submitted By</b>		<b>Date</b>

\*Request cannot be processed without NPI #

**Note: A response will be sent to the requestor at the provider fax number listed above.  
Please allow up to 7-10 days for a response.**

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