

Request for Post-Discharge Review

(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.
- This is a final review.
 - ☐ Review of Inpatient Status – please submit clinical summary to support your request for Inpatient status versus Observation status
 - ☐ Review of Readmission – please submit clinical summary to support your dispute for Readmission

Authorization Information

PLEASE ENSURE CONTACT INFORMATION IS PROVIDED WITH YOUR SUBMISSION

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

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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