Inpatient Rehabilitation and Long Term Acute Care Hospital

Submit completed form via fax to 1-833-263-4869 or email PriorAuth@MediGold.com.

Patient Information

Patient First Name	Last Name	Middle Initial

Member ID	Date of Birth	Phone Number

Estimated Admission Date	Dx Code	

Facility Information

Rehab/LTACH	Ordering Physician

NPI Number	TIN Number

Person Submitting Form	Contact Person (if different)

Phone Number	Fax Number

Skilled Services (Mark all that apply and send all supporting documentation):

- ☐ Physical Therapy
- ☐ Occupational Therapy
- ☐ Speech Therapy
- ☐ Wound care
- ☐ Oxygen
- ☐ Telemetry
- ☐ IV Medication
- ☐ Ventilator
- ☐ Tube feeding
- ☐ Hemodialysis
- ☐ Other (Describe below)

Prior Level of Function

Expected Discharge Disposition

Please note: Any approval set forth on this form is not a guarantee of payment by the Plan.