

Prior Authorization Provider Request Form

Fax Requests to 1-833-263-4869 or email PriorAuth@MediGold.com

| | | |
|------------|----------------------|---------------------|
| First Name | Last Name | Middle Initial |
| Member ID | Date of Birth / / | Phone Number () |

Expedited — Read Definition below prior to checking box. Check expedited **ONLY** if it meets the definition of expedited request per CMS Guideline 50 - Expedited Organization Determination: Enrollee/Physician believes that waiting for a decision under the standard time frame (7 days) could place the enrollee's life, health or ability to regain maximum function in serious jeopardy.

Please select service(s) for which you are requesting prior authorization.

| | |
|--|--|
| <input type="checkbox"/> Inpatient Rehabilitation Admission | <input type="checkbox"/> Non-Emergency Fixed Wing or Rotary Wing Ambulance Services |
| <input type="checkbox"/> Long Term Acute Care Hospital Admission | <input type="checkbox"/> Services Exceeding Medicare Benefit Limits (i.e. Durable and Home Medical Equipment, Chiropractic Services, etc.) |
| <input type="checkbox"/> Out of Network Services | |

Other

| | | |
|--|---------------------|------------|
| Requesting Provider First Name / Last Name | NPI | TIN |
| Contact Person | Phone Number () | Fax () |
| Servicing Provider / Facility Name | NPI | TIN |
| Phone Number () | Fax () | |
| Start Date / / | Frequency | |

Applicable Diagnoses & ICD-10 Codes

Service Description and Code(s)

Medical Rationale for Request

OUT-OF-NETWORK CARE for HMO Members (does not apply for PPO members): Out-of-network care is only considered when services are not accessible in-network.

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