

# Prior Authorization Provider Request Form

Fax Requests to 1-833-263-4869 or email [PriorAuth@MediGold.com](mailto:PriorAuth@MediGold.com)

<b>First Name</b>	<b>Last Name</b>	<b>Middle Initial</b>
<b>Member ID</b>	<b>Date of Birth</b> / /	<b>Phone Number</b> ( )

- ☐ **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**

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

**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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