



Phone: 1-800-390-7102

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### Michigan Provider Medical Prior Authorization Request Form

Routine       Urgent (72 hours)

#### PATIENT INFORMATION

Date of Request \_\_\_\_\_ Member ID # \_\_\_\_\_  
Member's Last Name \_\_\_\_\_ First Name \_\_\_\_\_  
Member Address \_\_\_\_\_  
DOB \_\_\_\_\_ Phone Number \_\_\_\_\_

**ATTACH CLINICAL NOTES TO SUPPORT MEDICAL NECESSITY WITH HISTORY AND TREATMENT OF PROBLEM. INCOMPLETE INFORMATION DELAYS THE DECISION PROCESS.**

#### PROVIDER INFORMATION

Requesting Provider Name \_\_\_\_\_  
Phone \_\_\_\_\_ Fax \_\_\_\_\_  
Requesting Provider Address \_\_\_\_\_  
Date of Service(s) Requested \_\_\_\_\_  
Facility / Service Provider (First and Last Name) \_\_\_\_\_  
Provider Address \_\_\_\_\_  
Phone \_\_\_\_\_ Fax \_\_\_\_\_  
Tax ID \_\_\_\_\_ NPI \_\_\_\_\_ DX Codes (ICD-9) \_\_\_\_\_  
DX Description \_\_\_\_\_  
Additional Information \_\_\_\_\_  
Requested Procedures / Services / Surgery \_\_\_\_\_  
Procedure Codes (CPT/HCPCS) \_\_\_\_\_  
 Inpatient       Outpatient

#### NUMBER OF VISITS

(Circle) 1 2 3 4 5 6 Other \_\_\_\_\_ visit(s); Refer back to PCP with report  
 Update Authorization Number \_\_\_\_\_ # of Visits \_\_\_\_\_ Requested Extension Date \_\_\_\_\_

#### OTHER LIABILITY

Work / Auto / Other Insurance \_\_\_\_\_

This Form Completed by: \_\_\_\_\_

#### **THIS SECTION CARESOURCE USE ONLY**

#### AUTHORIZATION INFORMATION

Authorization       Approved       Denied       Pended       Duplicate Request  
Authorization Number \_\_\_\_\_ # of Visits / Treatments \_\_\_\_\_  
Authorization To \_\_\_\_\_ From \_\_\_\_\_  
Comments \_\_\_\_\_  
CareSource Staff Signature \_\_\_\_\_ Date \_\_\_\_\_

The non-par SPECIALIST must have an authorization PRIOR to services rendered. Refer to CareSource "Prior Authorization" and "No Prior Authorization" lists. Approved Prior Authorizations are contingent upon the eligibility of member at the time of service and the claim timely filing limits. Authorizations are not a guarantee of payment. Authorizations are based on medical necessity and are contingent upon eligibility and benefits (and other factors). Benefits may be subject to limitations and/or qualifications and will be determined when the claim is received for processing.