



Fax form to: 1-888-399-0271

Change in Facility Request Medical Benefit Only

Submitter Name/Title	
Submitter National Provider Identifier (NPI) Number	
Phone Number	
Fax Number	

Beneficiary Information

Beneficiary Name	
Beneficiary ID Number	
Beneficiary Date of Birth	

Prior Authorization

Original Prior Authorization Number	
Original Approval Duration	
Drug Name & Healthcare Common Procedure Coding System (HCPCS)	

Current Servicing Provider

Current Provider Name	
NPI Number	
Tax ID Number	
Treatment Date Range	

New Servicing Provider

New Provider Name	
Address	
NPI Number	
Tax ID Number	
Treatment Date Range	

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