PRIOR AUTHORIZATION
Request Form

Fax requests to: **614-234-8672**

MediGold
Medicare made easy®

PRINT LEGIBLY *(Only "**fully completed**" requests can be processed.)* Today's Date: _____

Patient's Name: _____ Member ID#: _____

Patient's Applicable Diagnosis: _____ ICD-9 Code: _____

REQUESTED BY: Attachments are being submitted with this request as rationale: ☐ **Yes** ☐ **No**

Provider's Name: _____ Phone: _____

Actual Person Completing Request: _____ Fax: _____

PRIOR AUTHRORIZATION LIST:

☐ Bariatric Surgery
☐ Home Infusion
☐ Home PT/INR Monitoring
☐ Hyperbaric 02
☐ POV (CMN must accompany request)
☐ Other_____

CPT Code(s)*: _____
**Assistant Surgeon Codes Not Accepted*

PROVIDER: _____
In-Network: ☐ **Yes** ☐ **No**

Important Note: Advanced imaging services require prior authorization. To request prior authorization of advanced imaging services, please contact our Radiology Benefits Manager, *Care to Care*, at www.caretocare.com or by calling 1.888.836.3684.

HOSPITAL CARE:

Planned Procedure: _____ **Start Date:** _____

Facility: _____ ☐ Inpatient ☐ Outpatient ☐ Observation

CPT Code(s)*: _____ In-Network: ☐ Yes ☐ No

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.

Planned Procedure: _____ ☐Name of Facility: _____
☐Name of Physician: _____

RATIONALE: _____

Start Date: _____ **Important:** Retroactive requests for prior authorization are denied. If out-of-network services are approved, our approval covers basic services performed in an office setting (including lab and radiology), and those specifically noted in our approval (if any). All other services must be arranged with and performed by network providers.

FOR MEDIGOLD USE ONLY (Below)	**Any approval set forth on this form is not a guarantee of payment by the plan.**

Date Request Received: _____ Initials: _____ Date and Time Decision Faxed: _____@_____Initials____
Determination: ☐ **APPROVED** ☐ **DENIED**
CONTROL NUMBER: _____

CONFIDENTIALITY NOTICE: The information contained in this facsimile message, as well as all accompanying documents, constitutes confidential information that belongs to MediGold. This information is intended *only* for the use of the individual or entity named above. If you are not the intended recipient of this information, you are hereby notified that any disclosure, copying, distribution, or taking of any action in reliance on this information is strictly prohibited. If you have received this facsimile in error, please notify the sender immediately by calling 614-546-3110. It will be picked up at our expense.

Medical Management: 1-800-240-3870

Last revised 7/18/2012