

Inpatient Rehabilitation and Long Term Acute Care Hospital

Submit completed form via fax to 1-833-263-4869 or email PriorAuth@MediGold.com.

Patient Information

| | | |
|---------------------------------|----------------------|-----------------------|
| Patient First Name | Last Name | Middle Initial |
| Member ID | Date of Birth | Phone Number |
| Estimated Admission Date | Dx Code | |

Facility Information

| | |
|----------------------------------|-----------------------|
| Rehab/LTACH | TIN Number |
| NPI Number | Contact Person |
| Person Submitting Request | Phone Number |
| Ordering Physician | Phone Number |

Skilled Services (Mark all that apply and send all supporting documentation):

- | | | |
|-----------------------------------------------|----------------------------------------|-------------------------------------------------|
| <input type="checkbox"/> Physical Therapy | <input type="checkbox"/> Oxygen | <input type="checkbox"/> Tube feeding |
| <input type="checkbox"/> Occupational Therapy | <input type="checkbox"/> Telemetry | <input type="checkbox"/> Hemodialysis |
| <input type="checkbox"/> Speech Therapy | <input type="checkbox"/> IV Medication | <input type="checkbox"/> Other (Describe below) |
| <input type="checkbox"/> Wound care | <input type="checkbox"/> Ventilator | |

Prior Level of Function

Expected Discharge Disposition

Please note: Any approval set forth on this form is not a guarantee of payment by the Plan.

CONFIDENTIALITY NOTICE: The information contained in this message, as well as all accompanying documents, constitutes confidential information that belongs to Trinity Health Plan New York (HMO), MercyOne Health Plan (HMO/PPO), Mount Carmel MediGold (HMO/PPO), Saint Alphonsus Health Plan (HMO/PPO), or Trinity Health Plan of Michigan (HMO). 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 message in error, please notify the sender immediately by calling 614-546-3794. For more information, please call Member Services at 1-800-240-3851 (TTY 711).