

Request for Review of Inpatient Status Form (Authorization Review)

Submit completed form via fax to Health Services at 1-833-263-4866

- All requests for authorization review must be filed within 90 days from the date of discharge.
- Submit clinical summary to support inpatient status below.
- This is a final review.

Authorization Information

Member's Name		
Member's Number	Date(s) of Service	Authorization Number
Provider's Name		
Provider's TIN	Provider's NPI*	
Provider's Phone Number	Provider's Fax Number	

*Request cannot be processed without NPI #

Clinical Summary to Support Inpatient Status

Submitted By	Date
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Note: A response will be sent to the requestor at the provider fax number listed above. Please allow up to 7-10 days for a response.

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