

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
--------------	------

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.

CONFIDENTIALITY NOTICE: The information contained in this message, as well as all accompanying documents, constitutes confidential information that belongs to MediGold (HMO), MercyOne Health Plan (HMO/PPO), Mount Carmel MediGold (HMO/PPO), Saint Alphonsus Health Plan (HMO/PPO), Trinity Health Plan of Michigan (HMO), or Trinity Health Plan Of New England (HMO/PPO). 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).