



# SAME DAY PROCEDURE/PREAUTHORIZATION

## FOR PROVIDER USE ONLY

6704 Curtis Ct.  
 Glen Burnie, MD 21060  
 For **Same Day**- Providers must FAX: 410-424-4603  
 For **Preauthorization**- Providers must FAX: 410-762-5205

**Instructions:** The information on this form must be completed for same day notification or to request preauthorization for hospital based-services and submitted by fax. You will receive confirmation once processed; or call to follow up.

**\*required field**

**Type of Request:**  Same Day  Preauthorization

**Type of Service:**  Laboratory  Radiology

**Date of Procedure:** \_\_\_\_\_

Patient Information:	
Name:	
*Member #	Date of Birth:
Phone:	Site #:
Requesting Provider Information:	
Name:	
Specialty:	Institution/ Group Name:
Provider ID # 1:	Provider ID # 2 (if required)
Address:	
Phone number:	FAX/DATA number:
Consultant/Facility Provider Information:	
Name:	
Specialty:	Institution/ Group Name:
Provider ID # 1:	Provider ID # 2 (if required)
Address:	
Phone number:	FAX/DATA number:
Procedure/Referral Information:	
Reason of Procedure:	
Brief History, Diagnosis, Test Results:	

**Services Desired:**

CPT Code (if available)

Complete Description of Services to be provided:

Signature (Individual Completing this Form)

Authorizing Signature (if required):