



# Advantage MD Authorization Request Form

**Note:** All fields are mandatory. Chart notes are required and must be faxed with this request. Incomplete requests will be returned.

|   |  |
|---|--|
| <b>Please fax to the applicable area:</b><br>Outpatient Medical: 855-704-5296      Inpatient Medical: 844-240-1864<br>Outpatient Behavioral Health: 844-363-6772      Inpatient Behavioral Health: 844-699-7762<br>Post-Acute Facility (SNF/ACIR/LTAC) 410-424-2703 |  |
| <b>Patient Information</b>  |  |
| Requesting Provider:  | Primary Care Physician:  |
| Patient Name:   | DOB:   |
| Patient Address:  | Member ID#:  |
| <b>Serving Facility and Provider Information</b>  |  |
| Facility:   | Provider:  |
| Facility NPI#:  | NPI#:  |
| Facility TIN#:  | TIN#:  |
| Comments:   | Address:   |
|   | Phone #:   |
| <b>Admission OR Procedure Information</b>   |  |
| <input type="checkbox"/> Inpatient Admission <input type="checkbox"/> Inpatient Prior Auth <input type="checkbox"/> Outpatient Pre-Service <input type="checkbox"/> Outpatient Post-Service   |  |
| Date of Admissions/Procedure:   | Requested Service(s):<br><input type="checkbox"/> Office <input type="checkbox"/> ASC <input type="checkbox"/> SNF <input type="checkbox"/> ACIR <input type="checkbox"/> LTAC<br><input type="checkbox"/> Home <input type="checkbox"/> Hospital <input type="checkbox"/> Procedure<br><input type="checkbox"/> Non-Emergent Ambulance <input type="checkbox"/> Diagnostics<br><input type="checkbox"/> Outpatient PT/OT/ST** <input type="checkbox"/> Outpatient Pre-Service<br><input type="checkbox"/> Other <input type="checkbox"/> Outpatient Post-Service PT/OT/ST**<br><br><small>**Send initial evaluation and most recent re-evaluation or progress note.</small> |
| ICD-10 code(s):   |  |
| CPT code(s):  |  |
| Comments:   |  |
|   |  |
|   | Requested date span:   |
| <b>Required Requester Information</b>   |  |
| Contact Name:   | <b>Expedited Requests</b> are not to be used for scheduling convenience. The urgency of services is to be determined by the ordering provider based on the medical need of the enrollee.<br><br><input type="checkbox"/> <b>Please expedite!</b> This provider believes that waiting for a decision under the standard timeframe could place the enrollee's life, health or ability to regain maximum function in serious jeopardy. (CMS definition)   |
| Contact Phone:  |  |
| Contact Fax:  |  |
| Total pages, including this cover page:   | <input type="checkbox"/> Please review for in-network benefits.  |