

MEMORIAL HERMANN ADVANTAGE

☐Standard	НМО
☐ Expedited	
Expedited: The referring provider believes that applying the standard time frame for making determinations could seriously jeopardize the life	
or health of the member or the member's ability to regain maximum function.	
Inpatient Service Outpatient Surgery Imaging Service DME (Durable Medical Equipment)	
Skilled Nursing Facility Physical/Occupational Therapy Home Skilled Nursing	
Scheduled Date:	
Scheduled Bate.	
Requestor Information	<u>Member Information</u>
Requestor Name:	Member Name:
Ordering Physician Name:	Member ID Number:
Ordering Physician NPI:	Member DOB:
Phone Number:	
Fax Number:	
Servicing Provider Information	Facility Information
Servicing Provider Name:	Facility Name:
NPI Number:	NPI Number:
Tax Identification Number:	Tax Identification Number:
Specialty:	Street Address:
Street Address:	City and State:
City, State, and Zip Code:	Zip Code:
Phone and Fax Number:	Phone and Fax Number:
Is this provider In Network? (Y/N)	Is this provider In Network? (Y/N)
Procedure Codes (Please include Units)	Diagnosis Codes
CPT/HCPC Code(s):	ICD-10 Code(s):
CPT/HCPC Code(s):	ICD-10 Code(s):
CPT/HCPC Code(s):	ICD-10 Code(s):
Space for Additional Codes:	
Space for Medical Note(s) Below	
Space for injedical note(s) below	
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Supporting clinical Information must contain: Legible documentation that is applicable, i.e. symptoms, illness	
duration, pertinent test(s), and treatment. <u>Fax this form with clinical to 713.338.6982</u>	