

**\*\*IMPORTANT: Please complete this prior authorization request form completely and accurately to prevent processing delays\*\***

Standard

Expedited \*Clinical Reason for Expedited review \_\_\_\_\_

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.

<input type="checkbox"/> Inpatient Service	<input type="checkbox"/> Outpatient Surgery	<input type="checkbox"/> Imaging Service	<input type="checkbox"/> DME (Durable Medical Equipment)
<input type="checkbox"/> Skilled Nursing Facility	<input type="checkbox"/> Physical/Occupational Therapy	<input type="checkbox"/> Home Health Care	<input type="checkbox"/> Office
<input type="checkbox"/> Out of Network Services	<input type="checkbox"/> Other Outpatient Services	Scheduled Date: _____	
<b>*Authorization is recommended prior to scheduling services</b>			

<u>Requestor Information</u>	<u>Member Information</u>
Requestor Name:	Member Name:
Ordering Physician Name:	Member ID Number:
Ordering Physician NPI:	Member DOB:
Phone Number:	
Fax Number:	
<u>Servicing Provider Information</u>	<u>Facility Information</u>
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) _____
<u>Procedure Codes (Please include Units)</u>	<u>Diagnosis Codes</u>
CPT/HCPC Code(s):                      Units:	ICD-10 Code(s):
CPT/HCPC Code(s):                      Units:	ICD-10 Code(s):
CPT/HCPC Code(s):                      Units:	ICD-10 Code(s):
Service From:                              To:	
Space for Additional Codes:	
<u>Space for Medical Note(s) Below</u>	
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**Supporting clinical information must contain legible documentation that is applicable, i.e. symptoms, illness duration, pertinent test(s), and treatment. A legitimate clinical reason must be provided and meet criteria for expedited processing. Scheduling concerns does not meet expedited review criteria.**

**Fax this form with clinical information to 713.338.6982**

Memorial Hermann Medicare Advantage Medical Management Department  
Toll Free: 855.645-8448 (TTY: 711) available 8 a.m. to 8 p.m. Monday – Friday, Feb 15- Sept 30; 8 a.m. to 8 p.m., 7 days a week, Oct 1 – Feb 14