empower HEALTHCARE SOLUTIONS

UM Department Phone #: 855-429-1028
UM Fax #: 800-886-6839

**USE THIS FORM TO REQUEST SERVICES SPECIFIC FOR BEHAVIORAL HEALTH OR DEVELOPMENTAL DISABILITY PROVIDERS

Requestor's Contact Name: Requestor's Contact #:

Patient Information:

*Name: *DOB:

*Patient ID #: *Patient Phone #:

*Service Is: ☐ Elective / Routine ☐ Expedited / Urgent

Note: Selected Expedited/ Urgent to prevent serious deterioration in health or jeopardize ability to regain maximum function.

(For Claim Denial or Prior Authorization Denial, please submit an Appeal through Customer Service at 1-855-429-1028)

***Service Type Requested:** Please review plans benefit prior to request

Behavioral Health	Intellectual/Developmental Disability	Other
☐ Acute ☐ Psychiatric residential treatment ☐ Outpatient behavioral health ☐ Concurrent Review ☐ Other ☐	☐ ICF ☐ Outpatient ☐ Other	:

Procedure Information:

***ICD 10** Diagnosis: Diagnosis Description:

***CPT/HCPC** Code & Description *(Include Unit of Measure / Frequency for supplies):*

*Date(s) of Service: # of Units or Visits:

Provider Information:

Requesting Provider Is this the patient's Primary Care Physician? ☐ Yes ☐ No

*Name: *NPI TIN:

*Phone: *Fax

*Address:

Rendering Provider ☐ Same as the Requesting Provider

If Requesting and Rendering providers differ, complete section below

*Name: *NPI *TIN:

*Phone: *Fax

*Address:

Facility ☐ N/A

*Name: *NPI *TIN:

*Phone: *Fax

*Address:

Request for extension to existing authorization number:

PLEASE COMPETE ALL SECTIONS WITH AN ASTERISK AND ATTACH CLINICAL NOTES/SUMMARY TO SUPPORT MEDICAL NECESSITY. INCOMPLETE INFORMAITON MAY DELAY THE PROCESS.

Always verify eligibility, benefits and prior authorization requirements