

PHONE: 844-873-2905

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Additional Information

*****Please use this form when sending additional information or Updated clinical*****

	Today's Date:
Person to contact for this Submission:	Phone:

Member Name:	Date of Birth:	Member ID Number:

Authorization Number:	
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Check One

<input type="checkbox"/>	Additional Information for an Outpatient Procedure
<input type="checkbox"/>	Additional Information for an Inpatient Procedure
<input type="checkbox"/>	Additional Information for an Inpatient Admission (Hospital)
<input type="checkbox"/>	Additional Information for a Home Health Request
<input type="checkbox"/>	Additional Information for a DME Request
<input type="checkbox"/>	Additional Information SNF/LTACH/IRF
<input type="checkbox"/>	Other:

Authorization does not guarantee or confirm benefits will be paid. Payment of claims is subject to eligibility, contractual limitation, provisions and exclusions. Please refer to www.healthteamadvantage.com for specific codes requiring a prior authorization.