



## FAX AUTHORIZATION REQUEST FORM FOR MEDICAL COVERAGE DETERMINATIONS

Please utilize this form as an alternative to calling in request(s) for services. This form should be faxed to VNS CHOICE Select Medical Management Department at 1(866) 791-2214. Should you have any questions please call 1(866) 791-2215. Thank you for your cooperation.

+ PATIENT & INSURANCE INFORMATION (PLEASE FILL-IN AVAILABLE) +			
Patient's Name	Street	City	State      Zip
ID #	Date of Birth		
Patient's Home Telephone	Alternate Telephone		
Other Insurance	Effective Date		
<i>In this service related to:</i> <input type="checkbox"/> Motor vehicle accident <input type="checkbox"/> Worker's Compensation <input type="checkbox"/> Other			
+ AUTHORIZATION INFORMATION +			
Date of Request	Service Requested		
Date of onset of service/hospital admission	Reported length of stay/service		
Diagnose	ICD9 Code(s)		
Procedure	CPT Code(s)		
Comments/medical necessity			
<i>In order to expedite your request in a timely manner, please submit copies of all pertinent medical information.</i>			
+ PHYSICIAN INFORMATION +			
Ordering/Attending Physician Name	Tax ID	Provider's area(s) of subspecialty or expertise	
Address	City/State	Zip	
Telephone Number	Fax Number		
Facility	Telephone Number	Tax ID Number	
Submitted by	Physician Signature		
+ FOR INTERNAL USE ONLY +			
Status: <input type="checkbox"/> Approved	Authorization #:	Date of Determination _____	
LOS/# Visits: _____	Dates of Service: _____		
Status:	<input type="checkbox"/> Denied <input type="checkbox"/> Pending		
Reason for Denial/Pend _____			
Additional Information _____	Medical Reviewer _____		
<small><b>CONFIDENTIALITY NOTICE:</b> This fax transmission contains information to the sender, which may include proprietary information of VNS Choice Select. The information is intended only for the use of the individual(s) identified above. If you are not the intended recipient, you are hereby notified that any disclosure, copying, distribution or the taking of any action in reliance on the contents of this faxed information is strictly prohibited. If you have received this fax in error, please notify us by telephone immediately to arrange for return or destruction of the documents.</small>			
<small>Revised request form 3/22/06</small>			