

MEDICARE INPATIENT AUTHORIZATION

INDIANA

Expedited Requests: Call 800-977-7522 Standard Requests: Fax 844-208-4156 Concurrent Requests: Fax 844-781-7139

Behavioral Health Requests: Fax 833-516-2667

For Concurrent requests, complete his form and FAX to 844-208-4186. (All ingainet stops including patients drandy admirted. Expansion with admir order and direct admirts). Determination within 24 hours of recipit of all necessary information. *Indicates Required Field MEMBER INFORMATION Member ID * Requesting NPI * Requesting TIN * Requesting Provider Contact Name Requesting Provider Contact Name Provider Name Requesting Provider Contact Name Requesting Provider Contact Name Requesting Provider Contact Name Requesting Provider Contact Name Provider Name Requesting Provider Contact Name Requesting Provider Name Requesting Provider Contact Name Requesting Pro	For Standard (Elective Admission made as expeditiously as the enrolle For Expedited requests, please C for a decision under the standard tin	e's health condition requires, but ALL 800-977-7522. Expedited neframe could place the enrollee	it no later than 7 cale requests are made v e's life, health, or abi	endar days after the r vhen the enrollee or h lity to regain maximu	eceipt of request nis/her physician m function in ser	t. believes that waiting rious jeopardy.	
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Disclaimer: An authorization is not a guarantee of payment. Member must be eligible at the time services are rendered. Services must be a covered Health Plan Benefit and medically necessary with prior authorization as per Plan policy and procedures.