

Prior Authorization Provider Request Form

Fax Requests to 1-833-263-4869 or email PriorAuth@MediGold.com

First Name	Last Name	Middle Initial
Member ID	Date of Birth	Phone Number

- Expedited** — **Read Definition below prior to checking box.** Check expedited **ONLY** if it meets the definition of expedited request per CMS Guideline 50 - Expedited Organization Determination: Enrollee/Physician believes that waiting for a decision under the standard time frame (14 days) could place the enrollee's life, health or ability to regain maximum function in serious jeopardy.
- IDN Review**

Please select service(s) for which you are requesting prior authorization.

- | | |
|---|--|
| <input type="checkbox"/> BRAC gene testing | <input type="checkbox"/> Inpatient Rehabilitation/Long Term Acute Care Admit |
| <input type="checkbox"/> Power Operated Vehicles (CMN required) | <input type="checkbox"/> Part B Drugs/Chemotherapy/CAR T-cell Therapy |
| <input type="checkbox"/> Durable Medical Equipment (DME) | <input type="checkbox"/> Integrated Oncology/Radiation Therapy |
| <input type="checkbox"/> Skilled Nursing Facility (SNF) | <input type="checkbox"/> Monoclonal Antibodies |
| <input type="checkbox"/> Transplant | <input type="checkbox"/> Out of Network Services |
- Other** **Elective Procedure:** Inpatient Outpatient

Provider First Name		Last Name	
Phone Number		Fax	
Servicing Facility	Facility NPI	Facility TIN	
Servicing Provider First Name		Last Name	
Provider NPI		Provider TIN	
Phone Number		Fax	
Start Date		Frequency	
Applicable Diagnoses & ICD-10 Codes			
Service Description and Code(s)			
Medical Rationale for Request			

OUT-OF-NETWORK CARE for HMO Members (does not apply for PPO members): Out-of-network care is only considered when services are not accessible in-network.

CONFIDENTIALITY NOTICE: The information contained in this message, as well as all accompanying documents, constitutes confidential information that belongs to MediGold (HMO), MercyOne Health Plan (HMO/PPO), Mount Carmel MediGold (HMO/PPO), Saint Alphonsus Health Plan (HMO/PPO), Trinity Health Plan of Michigan (HMO), or Trinity Health Plan Of New England (HMO/PPO). This information is intended only for the use of the individual or entity named above. If you are not the intended recipient of this information, you are hereby notified that any disclosure, copying, distribution, or taking of any action in reliance on this information is strictly prohibited. If you have received this message in error, please notify the sender immediately by calling 614-546-3794. For more information, please call Member Services at 1-800-240-3851 (TTY 711).