



UPDATES TO EXISTING AUTHORIZATION REQUEST FORM

FOR PROCEDURES AND ADMISSIONS

Please complete this form and fax it to the appropriate number below.

Mental and behavioral health	1-888-641-5199
Federal Employee Program	1-888-282-1315
Medicare Advantage	1-800-447-2994
Medical and surgical	1-888-282-0780

PROVIDER INFORMATION

Requesting provider name:		Requesting provider NPI:	
Requesting provider address:			
Name of person completing this form:		Date form completed:	
Phone:		Secure PHI fax:	
Would you like us to contact you through your secure PHI fax line? <input type="checkbox"/> Yes <input type="checkbox"/> No			
Existing authorization #:			

PATIENT INFORMATION

Member name:			
Date of birth:		Member ID #:	

UPDATES REQUESTED

Update to date of service			
From date:		To date:	
Update to codes or units			
Additional diagnosis code(s):		Additional unit(s):	
Additional procedure code(s):			
Update to place of service			
From Hospital/facility name:		From Hospital/facility NPI:	
Hospital/facility address:			
To Hospital/facility name:		To Hospital/facility NPI:	
Hospital/facility address:			

Other updates:

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