



# 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	<b>1-888-641-5199</b>
Federal Employee Program	<b>1-888-282-1315</b>
Medicare Advantage	<b>1-800-447-2994</b>
Medical and surgical	<b>1-888-282-0780</b>

### 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

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

### Other updates:

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