

Check One of the Following

<input type="checkbox"/> Adult Day Care	<input type="checkbox"/> Adult Day Health	<input type="checkbox"/> Assisting Living Services	<input type="checkbox"/> Attendant Care	<input type="checkbox"/> CCMA Services
<input type="checkbox"/> CCFFH Services	<input type="checkbox"/> Counseling and Training	<input type="checkbox"/> Environmental Accessibility Adaptations	<input type="checkbox"/> Home Delivered Meals	<input type="checkbox"/> Home Maintenance
<input type="checkbox"/> Medially Fragile Day Care	<input type="checkbox"/> Moving Assistance	<input type="checkbox"/> Non-Medical Transportation	<input type="checkbox"/> PAS Level I	<input type="checkbox"/> PAS Level II
<input type="checkbox"/> PERS	<input type="checkbox"/> Private Duty Nursing	<input type="checkbox"/> Residential Care	<input type="checkbox"/> Respite Care	

 Transition of Care? YES NO

***Required Information** – In order to ensure our members receive quality care, appropriate claims payment and notification of servicing providers, all required fields on this form must be completed. Please type or print in black ink and submit this request to the fax number above. For an urgent* request, please call **(888) 846-4262** (do not fill-out this form).

Member

Member Plan ID:	Today's Date:
Member Last Name:	Member First Name:
Member Phone Number:	Date of Birth:

Requesting Provider

Provider ID:	Type: <input type="checkbox"/> PCP <input type="checkbox"/> Specialist
Provider Last Name:	Provider First Name:
Phone Number:	Fax Number:
Specialty:	RP Contact:

Treating Provider
 Check this box to skip this section and have the Plan assign the Treating Provider

Provider ID:	Specialty:
Provider Last Name:	Provider First Name:
Phone Number:	Fax Number:

Service Requested

Planned Date of Service:	EDD:	
Primary ICD-10 Code:	Description:	
CPT-4/HCPC	DESCRIPTION OF PROCEDURE OR	VISITS/FREQUENCY

INSTRUCTIONS: Please include a clinical summary below including additional procedure codes as applicable. Attach supporting clinical records, if necessary.