

**PLEASE ATTACH CLINICAL
NOTES WITH HISTORY
AND PRIOR TREATMENT**

Provider Prior Authorization Request Form

Approved prior authorization payment is contingent upon the eligibility of the member at the time of service. Authorizations are not a guarantee of payment, but are based on medical necessity, appropriate coding and benefits. Benefits may be subject to limitation and/or qualifications and will be determined when the claim is received for processing.

Phone: 888-362-4624
Inpatient Fax: 516-723-7339
Outpatient Fax: 516-723-7306

ROUTINE* **URGENT*** **TRANSPLANT***

By checking the **URGENT** box, the treating physician attests that a routine review time frame may seriously jeopardize the life or health of the member or the members' ability to retain maximum function.

Check here if this request is related to Transition of Care or Continuity of Care.

MEMBER INFORMATION

Request Date _____ ID #* _____

Last Name* _____ First Name* _____

Date of Birth* _____ Phone # _____

Street Address _____ City _____ State _____ ZIP _____

Inpatient* **Outpatient***

PLACE OF SERVICE: Office Home Inpatient Hospital Outpatient Hospital ASC SNF

IP Rehab Infusion Center Free Standing Radiology Facility Residential BH Treatment Facility LTAC

ORDERING/SERVICING PROVIDER INFORMATION:

First Name* _____ Last Name* _____

Tax ID* _____ NPI* _____ Phone #* _____ Fax #* _____

Street Address* _____ City* _____ State* _____ ZIP* _____

FACILITY INFORMATION:

Facility Name* _____

Tax ID* _____ NPI* _____ Phone #* _____ Fax #* _____

Street Address* _____ City* _____ State* _____ ZIP* _____

DX Code (1) _____ DX Code (2) _____ DX Code (3) _____

Additional Information: _____

Date(s) of Service:* Start Date(mm/dd/yyyy) _____ End Date (mm/dd/yyyy) _____

CPT/HCPCS			
Qty*	CPT/HCPCS*	Description of Service	U&C Charge

Update to Current Auth # _____ # of Visits _____ Requested Extension Date _____

Work/Auto/Other Insurance _____

Our Mailing Address:

MagnaCare
c/o Utilization Management Department
1600 Stewart Avenue, Suite 700
Westbury, NY 11590

*Indicates Required Field