



Hoosier Alliance

Hoosier Alliance Is An AmeriHealth Mercy Company

PRIOR AUTHORIZATION REQUEST
IF NOT COMPLETED IN FULL, REQUEST WILL BE RETURNED

Phone: 888-961-3100 Fax: 888-465-5581
You will receive a response for any routine requests within 2 business days following receipt of all necessary medical information.

Person Submitting Request: Phone: Fax:

Patient Name: DOB:

RID # Additional Insurance:

PMP Name: PMP Phone: PMP Fax:

PMP IHCP #

Specialty Referral

Specialist Name: IHCP # Specialty:

Requested Service: Service Type / Vendor:

Date(s) of Service / Procedure: Consult Only Consult & Treat Documentation Attached

Pertinent Medical Information:

Referral Type: Self Referral Referred by PMP Out-Of-Network

If requesting approval for out-of-network provider, indicate why participating provider cannot provide service.

Diagnosis: ICD9 Code(s)

Procedure: CPT-4 Code(s)

Referred to: Requested Service:

Date of requested service: Requested Units / Visits

Table with 3 columns: S E R V I C E, R E Q U E S T E D, and various service categories like Observation, Inpatient hospital services, etc.

PLEASE DO NOT WRITE BELOW THIS LINE FOR MDWISE HOOSIER ALLIANCE USE ONLY

Authorization # # of Units Approved:

Time Frame: (Approval for Consult & Tx is valid for 90 days)

Urgent Non Urgent Pre-Service Post-Service Concurrent Retrospective

Authorizing Agent: EXT: Decision Date:

Table with 3 columns: MDwise Hoosier Alliance Medical Director Decision, Reason for Denial, Reason for Approval

Medical Director Signature: Date:

PRIOR AUTHORIZATION IS NOT A GUARANTEE OF PAYMENT: PLEASE BE SURE TO CHECK ELIGIBILITY.

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