

McLaren Medicare Advantage Plans  
**Prior Authorization Request Form**

<b>McLaren Health Plan Medicare</b> <ul style="list-style-type: none"> <li>Inspire</li> <li>InspirePlus</li> <li>InspireFlex</li> </ul>	Member Services	PHONE: 833-358-2404
	Inpatient PA Request	FAX: 855-331-8384
	General PA Request	FAX: 855-377-3653
	Email	MedicarePriorAuthorization@mclaren.org
	PA Portal	<a href="https://secure.healthx.com/mclaren.provider">https://secure.healthx.com/mclaren.provider</a>

**PLEASE COMPLETE ALL APPROPRIATE FIELDS**

Check if Urgent/Expedited:

Patient Information			Requesting Provider Information			
Member Medicare ID Number:			Requesting Provider NPI/Provider ID:			
Date of Birth:			Taxonomy:			
Patient Name:			Tax ID:			
Patient/Guardian Phone:			Provider Name:			
Medical Diagnosis (Use of ICD Diagnostic Code is Required)			Rendering Provider Information			
DX 1:	DX 2:	DX 3:	Rendering Provider NPI/Provider ID:			
Please Check the Requested Assignment Category Below:			Tax ID:			
			Name:			
DME: Purchased Rented	Occupational Therapy	Address:				
	Outpatient	City/State/ZIP Code:				
	Physical Therapy	Phone:				
Home Health	Speech Therapy	Fax:				
Hospice	Transportation	Preparer's Information				
Inpatient	Other				Name:	
Observation					Phone:	
Office Visit					Fax:	

Date of Service Start      Stop		Procedure/ Service Codes	Modifiers		Service Description	Place of Service (POS)	Units/Days

Notes: