



Authorization Request for Services

Authorization is not a Guarantee of Payment

Authorization Requests Medical/Medication Forms are located on OhioHealthyPlans.com

Medical Care Services: Fax: 1(800) 385-7085 or Fax: (330) 656-2449

Standard Request

Submit 15 calendar days prior to scheduled service date.

Urgent Request

(only if serious jeopardy to member's life, health, and/or ability to regain maximum function)

Requests processed within 72 hours.

Fax to **1(800) 385-7085** or **(330) 656-2449**, or call number on member's ID card.

CLICK on all services being requested to place "X" in box(es) below:

- Inpatient
 Genetic Testing
 Sleep Studies
 Advanced Imaging (MR/CT/PET)
 Acupuncture
 DME / Prosthetics / Medical Supplies >\$750
 Home Health Service(s) or Home IV
 Outpatient Surgery
 Other Service(s): _____

Member Name (Last, First):		
Member's ID #:	Group #:	Date of Birth (mm/dd/yyyy):
Date(s) of Service:	Today's Date (mm/dd/yyyy):	

REQUESTING PROVIDER INFORMATION:

Requesting Provider (Full Name):	
Specialty:	CLICK on 1 box, either <input type="checkbox"/> OhioHealthy ID, or <input type="checkbox"/> Tax ID or <input type="checkbox"/> NPI Number:

REQUIRED INFORMATION TO PROCESS REQUEST:

Diagnosis Code(s):		
Diagnosis:		
Procedure Codes:	/	/
Procedure Description:		
Hospital / Facility (Full Name):		
Tax ID or NPI:		
Person Completing Form (NAME/TITLE):		
Phone:	ext:	Fax:

Submit All Relevant Clinical Information with Request.

Number of additional pages sent: _____

This form is only official online, and may be revised from time to time. Failure to use the current and official form may result in a denial of the request, and a delay in the member/patient care.