



**Authorization Request for Inpatient and Observation Services**

Please only fill out this form for members who require authorization and are currently in the hospital receiving services.

Fax: 330-656-2449 or toll free 1-800-385-7085

Inpatient admission       Outpatient service       72 hour observation

Date of service \_\_\_\_\_

Member Name	Member ID / Policy #	Date of Birth	Today's Date

Requesting Provider: (Full Name) \_\_\_\_\_

Provider ID or Tax or NPI #: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

The following information is required to process your request:

Diagnosis Code(s): \_\_\_\_\_ / Diagnosis: \_\_\_\_\_

Procedure Codes: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

Hospital / Facility (Full Name): \_\_\_\_\_

Tax ID or NPI: \_\_\_\_\_

Person completing this form: \_\_\_\_\_

Phone: \_\_\_\_\_ / ext: \_\_\_\_\_ Fax: \_\_\_\_\_

Please submit all relevant clinical information to Fax: 330-656-2449 or toll free 1-800-385-7085.

You may check the status of your authorization by calling the number on the back of the member's ID card