

SIMPRA ADVANTAGE PRIOR AUTHORIZATION REQUEST FORM FOR HOME HEALTH SERVICES

UM Phone: 1-844-637-4770 UM Fax: 251-725-5099

Only one request per fax is permitted.



SECTION I — GENERAL INFORMATION

Review Type:	Non-Urgent	Urgent	
Clinical Reason for Urgency:			
Request Type:	Initial Request	Recertification	Prev. Auth. #:

SECTION II — PATIENT INFORMATION

Name:	Phone:	DOB:	Male	Female
			Other	Unknown
Subscriber Name (if different):	Simpra Member ID #:	Group #:		

SECTION III — PROVIDER INFORMATION

Requesting Provider or Facility		Service Provider or Facility	
Name:		Name:	
NPI #:	Specialty:	NPI #:	Specialty:
Phone:	Fax:	Phone:	Fax:
Contact Name:	Phone:	Primary Care Provider Name (see instructions):	
Requesting Provider's Signature and Date (if required):		Phone:	Fax:

SECTION IV — SERVICES REQUESTED (WITH SERVICE CODES) AND SUPPORTING DIAGNOSES (WITH ICD CODE)

Skilled Nursing	Initial	Additional Visits	Frequency:	Duration:	
Service Code:	Dates of Service:				
Physical Therapy	Initial	Additional Visits	Frequency:	Duration:	
Service Code:	Dates of Service:				
Occupational Therapy	Initial	Additional Visits	Frequency:	Duration:	
Service Code:	Dates of Service:				
Speech Therapy	Initial	Additional Visits	Frequency:	Duration:	
Service Code:	Dates of Service:				

SECTION V — CLINICAL DOCUMENTATION and/ or ADDITIONAL SERVICES NEEDED