

# SIMPRA ADVANTAGE PRIOR AUTHORIZATION REQUEST FORM FOR HOME HEALTH SERVICES

UM Phone: 1-844-637-4770 UM Fax: 251-725-5099; 659-223-0766 Beginning 12/1/2024

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)

Please do not leave any item blank. We need to know the dates of service and total number of visits for the service you select.

Skilled Nursing	# Visits/week:
Service Code:                      From Date:                      To Date:	Total # of visits:
Physical Therapy	# Visits/week:
Service Code:                      From Date:                      To Date:	Total # of visits:
Occupational Therapy	# Visits/week:
Service Code:                      From Date:                      To Date:	Total # of visits:
Speech Therapy	# Visits/week:
Service Code:                      From Date:                      To Date:	Total # of visits:

## SECTION V — CLINICAL DOCUMENTATION and/ or ADDITIONAL DISCIPLINES/SERVICES NEEDED