

**FAX COMPLETED FORM WITH SUPPORTING MEDICAL DOCUMENTATION TO: (410) 779-9336**

**SECTION 1 - MEMBER INFORMATION**

<b>First Name:</b>	<b>Last Name:</b>	<b>Date of Birth:</b>	<b>Medicaid ID:</b>
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**SECTION 2 – HEALTHCARE PROVIDER INFORMATION**

<b>Referring Provider Name:</b>	<b>Referring Provider Specialty:</b>
<b>Office Phone #:</b>	<b>Referring Provider Fax #:</b>
<b>Servicing Provider:</b>	<b>Servicing Provider NPI #:</b>
<b>Office Phone #:</b>	<b>Servicing Provider Fax #:</b>
<b>Servicing Provider/Address:</b>	

**SECTION 3 – REQUEST INFORMATION**

**New Request** – No auth required for in-network Outpt Rehab/Pain Mgmt initial visit. Auth required for all HH.

**Request for Additional Visits** – Previous Auth # (if requesting add'l visits):  
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*All requests must be accompanied by progress notes and updated treatment plan.*

<b>Diagnosis Code(s):</b>	<b>Service Date Range:</b> _____
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**Additional Comments:**

**SECTION 4 – APPROVAL INFORMATION**  
(For UM Health Partners Use Only)

<b>Authorization #:</b>	<b>Approval Date Range:</b> _____
<b>Approval Date:</b>	<b>Reviewer/Approver:</b>

**SECTION 5 – VISIT INFORMATION**

Type of Service	# of Visits Requested	CPT Code/Service	# Visits Approved (For UMHP Use Only)
<input type="checkbox"/> Skilled Nursing			
<input type="checkbox"/> Physical Therapy			
<input type="checkbox"/> Occupational Therapy			
<input type="checkbox"/> Speech Therapy			
<input type="checkbox"/> MSW Visits			
<input type="checkbox"/> Home Hospice			
<input type="checkbox"/> Private Duty (RN, LPN, CNA)			
<input type="checkbox"/> Home Infusion			
<input type="checkbox"/> Pain Management			
<input type="checkbox"/> Other _____			

**SECTION 7 – URGENT REQUEST**

Could the member's health be harmed by waiting 48 hours for a decision on this request?

**Yes, then please call 1-800-730-8543 for expedited review.**

No

If you need to speak to a Utilization Management Representative, call 1-800-730-8543 Option "1"  
**SERVICES ARE NOT CONSIDERED AUTHORIZED UNTIL UNIVERSITY OF MARYLAND HEALTH PARTNERS ISSUES AN APPROVAL.**  
 This authorization does not guarantee payment of claim.  
 All authorizations are subject to eligibility requirements and benefit plan limitations.