embetter. FROM   magnolia health.	PRIOR AUTH	PATIENT ORIZATION F	ORM	e and <b>Fax</b> to: 1-855-300-2618
I certify this	nation within 15 calendar days of r s request is urgent and medically r ning) within 72 hours to avoid com	necessary to treat an injury, illne nplications and unnecessary suff	ess or condition (not fering or severe pain.	
X		IT REQUESTS MUST BE SIGNED E CIAN TO RECEIVE PRIORITY	3Y THE	_
*Indicates Required Field —				
MEMBER INFORMATION			*Date of Birth	
Member ID		Last Name, First	(MMDDYYYY)	
REQUESTING PROVIDER INFO	RMATION			
Requesting NPI	*Requesting TIN	Request	ing Provider Contact Name	
Requesting Provider Name		Phone	*Fax	
SERVICING PROVIDER / FACIL Same as Requesting Provider		Servicing	g Provider Contact Name	
Servicing Provider/Facility Name		Phone	Fax	
AUTHORIZATION REQUEST				
Primary Procedure Code	Additional Procedure Code (CPT/HCPCS) (Modifier	*Start Date OR Admiss r) (MMDDYYYY) Discharge Date (if approximation)		*Diagnosis Code (ICD-10)
Additional Procedure Code	Additional Procedure Code	Length of Stay will be b	based on Medical Necessity	Additional Diagnosis Code
CPT/HCPCS) (Modifier)	(CPT/HCPCS) (Modifier	r) (MMDDYYYY)		(ICD-10)
INPATIENT SERVICE TYPE	(Enter the Service t	type number in the boxes)		
Delivery 779 C-Section Delivery 720 Vaginal Delivery Inpatient Rehab 427 Rehab Transplant 922 Transplant	<b>Miscellaneous</b> 121 Long Term Acute Care 970 Medical 414 Premature/False Labor 402 Skilled Nursing Facility 411 Surgical 490 Boarder Baby 300 Neonate		<b>Behavioral Health</b> 528 BH Chemical Substance Abuse 529 BH Psychiatric Admission 531 BH Eating Disorders 532 BH Crisis Stabilization Unit 535 BH Residential Treatment - Substance Use 536 BH Residential Treatment - Mental Health	

## ALL REQUIRED FIELDS MUST BE FILLED IN AS INCOMPLETE FORMS WILL BE REJECTED.

COPIES OF ALL SUPPORTING CLINICAL INFORMATION ARE REQUIRED. LACK OF CLINICAL INFORMATION MAY RESULT IN DELAYED DETERMINATION.

Disclaimer: An authorization is not a guarantee of payment. Member must be eligible at the time services are rendered. Services must be a covered benefit and medically necessary with prior authorization as per Ambetter policy and procedures.

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