

Provider Prior Authorization Request Form

Approved prior authorization payment is contingent upon the eligibility of the member at the time of service. Authorizations are not a guarantee of payment, but are based on medical necessity, appropriate coding and benefits. Benefits may be subject to limitation and/or qualifications and will be determined when the claim is received for processing.

Phone: 800-352-6465
Inpatient fax: 888-861-4413
Outpatient fax: 888-861-6403
Appeal requests: 888-915-9408

ROUTINE*

URGENT*

TRANSPLANT*

By checking the **URGENT** box, the treating physician attests that a routine review time frame may seriously jeopardize the life or health of the member or the members' ability to retain maximum function.

Check here if this request is related to Transition of Care or Continuity of Care.

* Indicates Required Field

MEMBER INFORMATION						
Request Date:			Member ID #*:			
Last Name*:			First Name*:			
Date of Birth*:			Phone #:			
Street Address:			City:	State:	Zip:	
<input type="checkbox"/> Inpatient* <input type="checkbox"/> Outpatient*						
Place of Service:	Office	Home	Inpatient Hospital	Outpatient Hospital	ASC	SNF
	IP Rehab	Infusion Center	Free Standing Radiology Facility	Residential BH Treatment Facility		LTAC
ORDERING/SERVICE PROVIDER INFORMATION						
First Name*:			Last Name*:			
Tax ID*:	NPI*:	Phone #:		Fax #*:		
Street Address*:			City*:	State*:	Zip*:	
FACILITY INFORMATION						
Facility Name*:						
Tax ID*:	NPI*:	Phone #:		Fax #*:		
Street Address*:			City*:	State*:	Zip*:	
DX Code (1):		DX Code (2):		DX Code (3):		
Additional Information:						
Start Date of Service (mm/dd/yyyy):			End Date of Service (mm/dd/yyyy):			
CPT/HCPCS						
QTY*	CPT/HCPCS*	Description of Service:			U&C Charge	

Update to Current Auth #: _____ # of Visits: _____ Requested Extension Date: _____

Work/Auto/Other Insurance: _____

REVIEW TIMELINES

INPATIENT			OUTPATIENT		
Type of Review	Urgency	Timeframe	Type of Review	Urgency	Timeframe
Concurrent	Emergent	up to 3 days	Prospective	Urgent	up to 3 days
Prospective	Urgent	72 hours	Prospective	Standard	up to 15 days
Prospective	Standard	up to 15 days	Retrospective	Standard	up to 30 days
Retrospective	Standard	up to 30 days			

Our Mailing Address:

MagnaCare
c/o Utilization Management Dept
1600 Stewart Avenue, Suite 700
Westbury, NY 11590