

Please type or print neatly. Incomplete and illegible forms will delay processing.

I. Member information

Member name:	Today's date (mm/dd/yy):
Member plan ID number:	Date of birth (mm/dd/yy):
Facility:	

II. Determination information (please refer to appropriate determination box below)

☐ Authorization of services

Authorization number:	Number of days:	Dates of services:	Date update and discharge plans due:
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☐ Denial of services (in follow up of phone call or voicemail notification, date, and time):

Jiva ID (internal use only):	Number of days:	Dates of services:
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Please note: If determination is a denial, a letter with additional denial information and appeals process will be mailed to your office within three calendar days. A peer-to-peer review can be requested by your physician on all medical necessity denials within three calendar days of the denial notification at **1-866-935-0251**.

☐ Pended (need additional information and clinicals)

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☐ Please send discharge information and include:

- Discharge date and disposition.
- Faxed discharge plans, summary, and instructions.
- If expired, please include date and time and death summary.

Please fax additional information to **1-855-301-5356**.

Thank you! If you have any questions, please call me: _____ Phone: _____