

Network Health Plan/Network Health Insurance Corporation Authorization Request Form

Fax Request *Commercial Care Management Dept: 920-720-1903*
Medicare Care Management Dept: 920-720-1916

Telephone: *Commercial Care Management Dept: 920-720-1600*
Medicare Care Management Dept: 920-720-1602

***Form Completed by:**

***Date Form Completed:**

MEMBER INFORMATION	ORDERING PROVIDER INFORMATION	RENDERING PROVIDER INFORMATION
*Member/Patient Name:	*Ordering Provider:	*Rendering provider or facility: NPI #:
*DOB:	Provider Phone:	Phone #: Fax #:
Member #:	*Fax #:	Billing provider (If different than rendering):
*Diagnosis: ICD-9:		Billing Provider NPI #:

#	*Planned Date of Service	*CPT or HCPCS Code	*Service Description	*Comments/Rationale for service
1				
2				
3				
4				
5				

***Required Fields**

If you have questions about benefits, please call Customer Service at 1-800-826-0940 or 920-720-1300 for NHP Commercial members and 1-800-378-5234 or (920) 720-1345 for Medicare Advantage members.

NHP Only	Authorization #:	# Units Approved
Care Management Coordinator: _____	Date Received:	Start Date: End Date