

## Network Health General 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:		Billing Provider NPI #:
*ICD-9:		

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

**\*Required Fields**

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

<b>Network Health Only</b>		Authorization #:	# Units Approved
Care Management Coordinator: _____	Date Authorized: _____	Start Date:	End Date