

Network Health Plan/Network Health Insurance Corporation Dialysis 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:**

If this is a request to extend services, please enter the original authorization number:

MEMBER INFORMATION	ORDERING PROVIDER INFORMATION	RENDERING PROVIDER INFORMATION
*Member/Patient Name:	*Ordering Provider:	*Rendering Provider & Facility:
*DOB:	Phone #:	Phone #:
Member ID #:	Fax #:	*Fax #:
*Diagnosis:		NPI #:
ICD-9:		

		Beginning Date of Service	Ending Date of Service	Number of Visits	Comments
1	__				
2	__				
3	__				
4	__				
5	__				
6	__				
7	__				
8	__				

*** 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. If there is insufficient information, the form will be returned.

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