

Network Health Infusion, Home Health and/or Hospice Services Authorization Request Form

Fax Request *Commercial Care Management Dept: (920) 720-1903*

***Form Completed by:**

Medicare Care Management Dept: (920) 720-1916

Telephone: *Commercial Care Management Dept: (920) 720-1600*

***Date Form Completed:**

Medicare Care Management Dept: (920) 720-1602

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:	*Home Health Provider:
*DOB:	*Phone #:	*Phone #:
Member #:	Patient Hospitalized:	Fax #:
*Diagnosis:	Hospitalized Facility:	NPI #:
*ICD-9:	Discharge date:	

*HOME VISITS	*Type of Care	*1 st Date of Service	*Estimated Last Date of Service	*Total # of Days/Units Requested	*Hospice or Home Health?	Comments
Contact person: Phone: Fax:	-				-	
Contact person: Phone: Fax:	-				-	
Contact person: Phone: Fax:	-				-	
Authorized by NHP:						

IV THERAPY			Type of Line:		Method of Delivery:		
	Method of Delivery:	Method of Delivery:	NDC Code	Infusion Device	*# of Per Diem Units	*# of RN Visits	Comments
1							
2							
3							

***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.

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