

# Clover Health

## Prior Authorization Request



Need a faster turnaround?

Go online: [cloverhealth.com/pre-auth-request](https://cloverhealth.com/pre-auth-request)

### HOW TO USE

### THIS FORM: ✓

1. **Complete** all required fields marked with an **asterisk (\*)**.
2. **Attach** copies of supporting clinical information.
3. **Fax** this form to 1-800-308-1107.
4. **Call our Utilization Management team** at 1-888-995-1690 if you have any questions.

### MEMBER INFORMATION (please print clearly)

Member Name*:	Member ID*: _____	Date of Birth*: ____/____/____ (MM / DD / YYYY)
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### REQUESTING PROVIDER / FACILITY INFORMATION

Requesting NPI (Provider or Facility)*: _____			Requesting Contact Name:	
Requesting MD/Facility Name*:			Title/Dept.:	
Address*:			Email:	
City*:	State*:	ZIP code*:	Phone:	Fax:

### SERVICING PROVIDER / FACILITY INFORMATION (If different from requesting provider/facility)

Servicing NPI (Provider or Facility)* _____			Servicing Contact Name	
Servicing MD/Facility Name*:		Specialty*:	Title/Dept.:	
Address*:			Email:	
City*:	State*:	ZIP Code*	Phone:	Fax:

### AUTHORIZATION REQUEST (Please attach copies of required clinical documentation.)

Service Type* <input type="checkbox"/> Inpatient <input type="checkbox"/> Outpatient	Place of Service* <input type="checkbox"/> MD Office <input type="checkbox"/> Home Health <input type="checkbox"/> DME <input type="checkbox"/> Amb. Surg. <input type="checkbox"/> Other _____	Start Date or Admission Date* ____/____/____ (MM / DD / YYYY)	End Date or Discharge Date ____/____/____ (MM / DD / YYYY)	
Primary Procedure Code (CPT/HCPCS)	Unit(s)	Modifier	Diagnosis Code (ICD 10)*	Service Description
Additional Procedure Code(s) (CPT/HCPCS)	Unit(s)	Modifier	Diagnosis Code (ICD 10)	Service Description

### URGENT REQUEST (If applicable, explain medical need to expedite\*)

Routine requests are processed on a 14 calendar day time frame, but this does not necessarily mean we will take the full 14 days as we will process according to the member's needs. Turnaround will take no longer than 72 hours if the physician documents that a delay would place the member's health in danger.

Total  
Pages:

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