



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 1-833-866-2893.
- 4. **Call** our Utilization Management team at 1-800-932-7013 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)*: _____			Contact Name (Title/Dept.):	
Requesting MD/Facility Name*:			Provider Specialty:	
Address*:			Email:	
City*:	State*:	ZIP code*:	Phone:	Fax:

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

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

REQUEST DETAILS☐ New Start☐ Continuation of Therapy

Drug Billing Code (HCPCS):

Medication Name*:

Dose and Frequency*:

Route of Administration (IV, IM, SC, etc.):

Start Date*:

End Date:

____/____/____

____/____/____

Place of Service*

☐ Ambulatory Surgical ☐ Home ☐ Inpatient Hospital ☐ Office
☐ Off Campus Outpatient Hospital ☐ On Campus Outpatient Hospital

Place of Drug Dispense*

☐ Office ☐ Pharmacy
☐ Outpatient Hospital

Diagnosis (ICD-10)*

Additional Clinical Information

(Please attach clinical chart notes documenting diagnosis, medication history with response to therapy, and any additional supporting documents for the request.)

Medicare requests are processed within a 72-hour time frame. If the standard 72-hour time frame may seriously jeopardize the life or health of the member, an urgent request can be requested and processed within 24 hours.

☐ **URGENT REQUEST:**

By checking this box, I certify that applying the standard 72-hour review may seriously jeopardize the life or health of the member or the member's ability to regain maximum function.

Total
Pages:

Confidentiality Notice: This electronic fax transmission (including any documents, files or previous email messages attached to it) may contain confidential information that is intended for a specific individual and purpose and that is privileged or otherwise protected by law. If you are not the intended recipient, or a person responsible for delivering it to the intended recipient, delete this fax and notify Clover UM of the error.