



FIDELIS CARE®

Prior Authorization Request Form

Required for: Metal-Level Products, Managed Medicaid, CHP, and Medicare Advantage

Fax: (800) 860-8720

Questions: (888) 343-3547

Member Information		
Fidelis Care Member Name (Last, First, M.I.):	Fidelis Care Member ID #:	Date of Birth: / /
Services		
ICD-10 Diagnosis (Dx) Code(s): _____ _____ _____	CPT/Procedure Code(s) and Description: _____ _____ _____	Check if applicable: [] Medicare [] Workers' Comp [] No-Fault Date of Injury: / /
Date of Procedure (if applicable): / /	_____	
Servicing Provider Name:	Servicing Provider Phone #: () -	Servicing Provider Tax ID #:
Servicing Provider Address:	Servicing Provider Fax #: () -	Servicing Provider NPI #:
	Provider IPA Affiliation (if applicable):	
Requesting Provider Name:	Requesting Provider Tax ID / NPI:	
Check if applicable: [] Inpatient [] Outpatient/Ambulatory/23 Hour	Facility Name:	
	Facility Tax ID#:	Facility NPI #:
This Request is: [] Urgent/Emergent [] Pre-service [] Post-service [] Concurrent service Auth #: _____	Additional Information:	
Please submit the following clinical information with this form as appropriate for this request (check all included):		
[] History & Physical	[] Current Symptoms and Functional Impairment	
[] Treatment history	[] Lab/Radiology testing results	
[] Pictures	[] Medical record (chart notes)	

- This form is to be filled out in its entirety for Initial and Concurrent requests; please fax to 1-800-860-8720.
- You will be notified of the service determination within the appropriate regulatory timeframe.
- All requests for services require additional clinical to support the requested service(s) including but not limited to: History & Physical, previous diagnostic tests, and consultation reports, Prescription from prescribing physician.
- Confirmation and/or authorization do not guarantee that benefits will be paid. Payment of claims is subject to member eligibility.