

EMPLOYEE NAME _____

PATIENT NAME _____ PATIENT DOB _____

COVERAGE INFORMATION

PLEASE CIRCLE MEMBER'S GROUP

POLICY NUMBER _____ MyMichigan Health

GROUP NUMBER _____ Northwood University

PHYSICIAN NAME: _____ NPI: _____

INPATIENT ADMISSION OUTPATIENT PROCEDURE OR SURGERY

DME (Attach prescription)

DATE OF ADMISSION/SURGERY/PROCEDURE _____

Inpatient admissions and certain outpatient procedures may require preauthorization prior to approval

FACILITY NAME _____ NPI: _____

PLACE OF SERVICE: PROVIDER OFFICE HOSPITAL OTHER
If not INPATIENT

REASON FOR SERVICE: ICD-10 DIAGNOSIS CODE(S) _____

PROCEDURE/CPT 4 CODE(S) _____

DIAGNOSIS _____

Person Making Request _____ Telephone _____

Office or Facility _____ FAX Number _____

Precertification Number _____ Duration _____

Comments _____

Representative _____ Date Received _____