## **MCO Universal Prior Authorization Form – BabyNet**

A copy of the IFSP must be attached to the PA request. For questions, contact the plan at the associated phone number. \*Fax the COMPLETED form and the IFSP

1.866.433.6041 F: 1.866.912.3606	First Choice by Select Health P: 1.888.559.1010 F: 1.866.368.4562 www.selecthealthofsc.com	P: 1.866. F: 1.800.8	902.1689	ueChoice of S	sc	HUMANA P: 1.833.432. F: 1.833-441 www.humana.	-095	1 P: 1.8	355.23 366.42	ealthCare of SC 37.6178 23.3889 ahealthcare.com		
Patient's name (first, middle, last)						www.numana.	DC					
Street address, apt. number			City, Sta	ate, Zip								
Home phone	Mobile phone			Medicaid number				MCO ID number				
Start Date	Stop Date	Stop Date			ICD-10 Diagnosis Code							
Secondary Coverage												
Plan			ID number				(	Group number				
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Policy holder	DOB	DB Relationship to patient				Employer						
AUDIOLOGY EVALUATION												
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VISION EVALUATION								
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Individual Provider Name (last name, first name)		Individual Provider NPI number
Practice Contact person	Phone	Fax

MCO Universal BabyNet Authorization Form September 2021