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

Absolute Total Care P: 1.866.433.6041

First Choice by Select Health P: 1.888.559.1010

Healthy Blue by BlueChoice of SC P: 1.866.902.1689

HUMANAP: 1.833.432.0001
F: 1.833-441-0950

Molina HealthCare of SC

P: 1.855.237.6178 F: 1.866.423.3889

F: 1.866.912.3606 F: 1.866.368.4562 www.absolutetotalcare.com www.selecthealthofsc.com F: 1.803.870.6530 www.healthybluesc.com

r: 1.833-441-0950 www.humana.com

www.molinahealthcare.com

Patient's name (first, middle, last)						DOB					
Street address, apt. number			ate, Zip								
Home phone	Mobile phone	Medica	id number		MCO ID number	MCO ID number					
Start Date	Stop Date	ICD-10 I	ICD-10 Diagnosis Code								
Secondary Coverage											
lan					Group number	Group number					
Policy holder	DOB	Relationshi	ip to patient		Employer	Employer					
AUDIOLOGY EVALUATION											
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Practice name		Submission Date	1	I	•	Practice NPI num	her	•		,	
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Individual Provider Name (last name, first name)				Individual Provider NPI number							
Practice Contact person Phone						Fax					