

**Authorization Request Form**

Link Line: 1-800-816-5465

Fax: 1-800-552-8633

For Urgent/Emergent requests, contact AvMed's Clinical Coordination Department at this number:**1-800-816-5465****NOTICE:** Failure to complete this form in its entirety may result in delayed processing or an adverse determination due to insufficient information.

Existing Authorization Number: \_\_\_\_\_

Date(s) of Service: \_\_\_\_\_

Member Information	
<u>Name:</u> (first and last)	
AvMed ID #:	
A _____ - _____	Date of Birth: _____/_____/_____
Type of Request	
<input type="checkbox"/> Auth Change <u>Only</u> : DOS, Facility, Procedure, etc  <input type="checkbox"/> Inpatient Admission <input type="checkbox"/> Outpatient Surgery <input type="checkbox"/> Outpatient Drug / Chemotherapy  <input type="checkbox"/> University of Miami Physician <input type="checkbox"/> Non-par Request	<input type="checkbox"/> DME <input type="checkbox"/> Home Health <input type="checkbox"/> Wound Care <input type="checkbox"/> Pain Management <input type="checkbox"/> Transplant  <input type="checkbox"/> Specialty and/or Non-par Lab <input type="checkbox"/> Predetermination
Requesting Physician (PCP or Specialist)	Referred to: <input type="checkbox"/> Facility <input type="checkbox"/> Hospital <input type="checkbox"/> Physician
<u>Name:</u>	<u>Name:</u>
AvMed Provider #:	AvMed Provider #:
<u>Telephone #:</u> (    ) _____  <u>Fax #:</u> (    ) _____  <u>Contact Person:</u>	<u>Additional Information:</u>
Diagnosis Information	Procedure Information
ICD-9 Diagnosis Code(s):	CPT-4 Procedure / HCPCS Code:
Diagnosis Description:	Procedure Description:

**NOTE:** This request cannot be processed without Supporting Clinical Documentation, e.g. office visit note(s); pertinent laboratory results; prior treatment(s) note(s).