



130 DeSiard Street, Ste. 300 Monroe, LA 71201

Phone: 318-361-0900

Inpatient Fax: 318-812-6463

Main Fax: 318-361-2170

INPATIENT PRIOR AUTHORIZATION FORM

Request Date: _____

To: Medical Management Department

Case Manager Contact: _____

Fax Numbers: 318-812-6463 – Inpatient

Facility Case Mgt Fax #: _____

318-361-2170 – Main

Phone Number: _____

Patient Name: _____

Insured ID #: _____

Medicare Commercial Marketplace

Patient DOB: _____ Age: _____

Date & Time of Admit: _____ ER Arrival Time? _____ Direct Admit? YES NO

Type of Admit: Observation Inpatient

Ordering/Attending MD: _____

MDs NPI: _____ MD's Phone/Contact Number: _____

Facility: _____ Facility NPI: _____

Diagnosis: _____ ICD-10 Code: _____

For **Pre-Service IP Surgery**-Procedure & ICD-10 to be performed:

Attachments are to be included at all times, when available:

- Orders, diagnostic test results, H&P, ER notes
- Consults, Op/Procedure Notes
- Any applicable clinical