



P.O. Box 459089
Fort Lauderdale, FL 33345-9089

Single Case Agreement (SCA) Request Form: Outpatient

To expedite the Single Case Agreement (SCA) process for outpatient requests, Sunshine Health requires all providers to fax a completed SCA request form to **1-866-796-0526**.

- **This form does not take the place of the Prior Authorization (PA) form required to process authorizations requests.**
- **Providers are required to list an email address on this form. SCA communication is conducted via email.**

Member Information

Authorization # (if available): _____

Service Type: _____

Procedures Codes: _____

Level of Care (Only for Skilled Nursing Facility/SNF Cases): _____

Quotes (required for Durable Medical Equipment/DME SCAs; should be submitted with this form): _____

Member Name: _____

Member DOB: _____

Member Medicaid #: _____

Reason for SCA Request (select option below):

Participating Provider (PAR):

- PAR provider carve-out based on member complexity
- PAR provider: Rural area/member location
- PAR Provider: Item/service requested higher than fee schedule reimbursement/contracted amount
- Provider using generic code/code not on fee schedule
- PAR provider: Code not listed on contract
- PAR provider-other reason: _____



Non-Participating Provider (Non-PAR):

- Participating provider not available
- Continuity of Care (COC)/Transition of Care (TOC): Member new to plan and previously established
- COC (Continue to see non-PAR provider after procedure)
- Provider using generic code/or code not on fee schedule
- DME services requiring SCA for non-PAR provider
- Non-PAR provider-other reason: _____

Provider Information

Provider Name/Facility: _____

Provider/Facility Address: _____

Provider County: _____

Provider Medicaid Tax ID #: _____

National Provider Identifier (NPI) #: _____

Provider Phone: _____

Provider Fax: _____

Contact Email (*required for communication purposes*): _____

Contact Person's Name: _____

Contact Phone/Ext: _____

Tax ID #: _____

NPI #: _____