

This is a standard authorization request that may take up to 7 calendar days to process. If this is an expedited request, please contact us at 1-866-796-0530. If this is a Medicare request, please fax to 877-617-0394.

Request for additional units. Existing Authorization  Units

**\* INDICATES REQUIRED FIELD**

### MEMBER INFORMATION

Sunshine Health Member ID# \*  Last Name, First  Date of Birth \*   
(MMDDYYYY)

### REQUESTING PROVIDER INFORMATION

Requesting NPI \*  Requesting TIN \*  Requesting Provider Contact Name   
 Requesting Provider Name  Phone  Fax

### SERVICING PROVIDER / FACILITY INFORMATION Same as Requesting Provider

Servicing NPI \*  Servicing TIN \*  Servicing Provider Contact Name   
 Servicing Provider/Facility Name  Phone  Fax

### AUTHORIZATION REQUEST

Primary Procedure Code * <input type="text"/> <small>(CPT/HCPCS) (Modifier)</small>	Additional Procedure Code <input type="text"/> <small>(CPT/HCPCS) (Modifier)</small>	Start Date OR Admission Date * <input type="text"/> <small>(MMDDYYYY)</small>	Diagnosis Code * <input type="text"/> <small>(ICD-10)</small>
Additional Procedure Code <input type="text"/> <small>(CPT/HCPCS) (Modifier)</small>	Additional Procedure Code <input type="text"/> <small>(CPT/HCPCS) (Modifier)</small>	End Date OR Discharge Date <input type="text"/> <small>(MMDDYYYY)</small>	Total Units/Visits/Days <input type="text"/>

**OUTPATIENT SERVICE TYPE \* (Enter the Service type number in the boxes)**

760 Air Ambulance	<b>Outpatient</b>	<b>Pain Management</b>
<b>Dental Anesthesia</b>	922 Experimental and Investigational Services	429 Office Visit
911 Office Visit	709 Genetic Testing	170 Other Site
721 Other Site	249 Home Health	
299 Drug Testing	600 Home Infusion	101 Physical Therapy (office or facility)
<b>DME and Prosthetics</b>	640 Injectable drugs and drugs given in provider's office	914 Respiratory Therapy (office or facility)
711 Rental	410 Observation	275 Sleep Study in Home
700 Purchase <input type="text"/> <small>(Purchase Price)</small>	211 OB Ultrasound(s)	701 Speech Therapy (office or facility)
<b>Global OB Care</b>	790 Occupational Therapy (office or facility)	109 Transplants (evals and consults)
941 Office Visit	171 Outpatient Surgery	
449 Other Site		<b>Please contact:</b>
		• NIA for radiology services
		• Cenpatico for behavioral health and substance abuse services

**ALL REQUIRED FIELDS MUST BE FILLED IN AS INCOMPLETE FORMS WILL BE REJECTED.**  
**COPIES OF ALL SUPPORTING CLINICAL INFORMATION ARE REQUIRED. LACK OF CLINICAL INFORMATION MAY RESULT IN DELAYED DETERMINATION.**

**Disclaimer:** An authorization is not a guarantee of payment. Member must be eligible at the time services are rendered. Services must be a covered Sunshine Health benefit and medically necessary with prior authorization as per Sunshine Health policy and procedures.

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