



INPATIENT HEALTHY KIDS Prior Authorization Fax Form

Fax to: 1-844-418-7298

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.

* 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

ICD-10

Primary Procedure Code
(CPT/HCPCS) (Modifier)

Start Date OR Admission Date *
(MMDDYYYY)

Diagnosis Code *
(ICD-10)

Additional Procedure Code
(CPT/HCPCS) (Modifier)

Discharge Date (if applicable) otherwise Length of Stay will be based on Medical Necessity
(MMDDYYYY)

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

Delivery	970 Medical
779 C-Section	904 Nursing Facility (Residential/ Custodial Care)
720 Vaginal Delivery	402 Skilled Nursing Facility
	414 Premature/False Labor
Inpatient Rehab	492 Sub-Acute
479 Inpatient Hospital	411 Surgical
220 Comprehensive Inpatient Rehab Facility	
	Transplant
	209 Surgery
	419 Work-up

**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 Health Plan Benefit and medically necessary with prior authorization as per Plan policy and procedures.

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