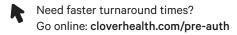
Clover

Pre-Authorization Request





- 1. Complete all required fields marked with an asterisk (*). Incomplete forms may be delayed unless all required information is received.
- 2. Attach copies of supporting clinical information. Required clinical documentation is listed on our website: cloverhealth.com/pre-auth-list
- 3. Fax this form to 1-800-308-1107

| | | 4. Call us | with qu | estions | , 1-888-995 | 5-1690 to chat with | our Utiliz | ation Manageme | nt dept. |
|---|------------------------|---|--------------|----------------------|-------------------------|----------------------------------|---------------------|-------------------------------|-----------------|
| MEMBER INFORMATION (please print clearly) | | | | | | | | | |
| Member Name* | Member ID* | | | | | Date of Birth* | | | |
| | | | | | // | | | | |
| | | | | | | | (MM / | DD / YYYY) | |
| REQUESTING PROVIDER / FACILITY INFORMATION | | | | | | | | | |
| Requesting NPI (Provider or Facility)* | | | | | Requesting Contact Name | | | | |
| Requesting MD/Facility Name* | | | | | Title/Dept. | | | | |
| Address* | | | | | | Email | | | |
| City* | | State* | | ZIP co | ode* | Phone | | Fax | |
| SERVICING PROVIDER / FACILITY INFORMATION | | | | | | | | | |
| Servicing NPI (Prov | | Same as requesting Provider or Facility | | | Servicing Contact Name | | | | |
| Servicing MD/Facili | Specialty* | | | | Title/Dept. | | | | |
| Address* | | | | | | Email | | | |
| City* | | State* | | ZIP code* | | Phone | | Fax | |
| AUTHORIZATION | N REQUEST (please atta | ach copie | s of re | quired | d clinical c | locumentation)* | | | |
| Service Type* Place of Service* ☐ Inpatient ☐ MD Office ☐ Home Heat | | | lealth □ DMF | | | Start Date or Admission Date* | | End Date or Discharge Date | |
| ☐ Outpatient | ☐ Amg Surg. ☐ Other | | | | | // | // | | |
| Primary Procedure Code (CPT/HCPCS) | | Unit(s) Mod | | fier Diagnosi | | s Code (ICD 10)* | Service Description | | |
| Additional Procedure Code(s) (CPT/HCPCS) | | Unit(s) | Modifier | | Diagnosi | s Code (ICD 10) Service | | Description | |
| ONOLINI NEGOLO I (II applicable, explain illedical fleed to expedite) | | | | | | | | | Total Pages: |
| Routine requests are processed on a 14 calendar day timeframe, but does not mean we will take the full 14 days as we will process according to the member's needs and no later than 72 hours if the physician documents that would place the member's health in danger. | | | | | | | | | |

Confidentiality Notice: This electronic fax transmission (including any documents, files or previous email messages attached to it) may contain confidential information that is intended for a specific individual and purpose and that is privileged or otherwise protected by law. If you are not the intended recipient, or a person responsible for delivering it to the intended recipient, a delete this fax and notify Clover UM of the error.