

SKILLED NURSING AUTHORIZATION REQUEST FORM

Submit this completed form by fax to **1-833-610-2399**, or on our provider portal:

<https://secure.healthx.com/AlignSeniorCare.Provider>

Call California: 1-844-305-3879 (TTY 711), Florida: 1-844-788-8935 (TTY 711), Michigan: 1-855-855-0336 (TTY 711)
to speak with a representative.

Members must be referred to in-network facilities and providers unless emergent; other exclusions may apply. Authorized services are not a guarantee of payment. Payment is only authorized for medical services noted below and is subject to the limitations and exclusions as outlined in the Member Handbook/ Certification of Coverage. All requests are reviewed for medical necessity. Incomplete submissions may result in processing delays. Information must be legible.

Routine/Standard Serious jeopardy to the member's life or health or ability to regain maximum function

MEMBER INFORMATION

Member Name:	Member ID:
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Date of Birth:	Member Living Facility:
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REQUESTING PROVIDER/FACILITY

Requestor's Name (Print):	Phone Number:	Fax Number:
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Referring Provider (If other than requestor):	Referring Provider:
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NP/PA PCP Therapy Rep Other

NPI/TIN Number:	Date of Request:
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SERVICING PROVIDER/FACILITY

Admitting/ Servicing Facility/ Provider Name:		
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NPI/ TIN Number:	Phone Number:	Fax number:
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SERVICE TYPE REQUESTED

Initial Request Extension Request, Previous Auth #:

Skilled Nursing Services: (Select one)

<input type="checkbox"/> Post-Acute Skilled Nursing Facility (SNF)
<input type="checkbox"/> Skill-In-Place (SIP)
<input type="checkbox"/> Direct SNF admission

Days/ Visits Requested:	Admission Date/ Date of Service:
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CPT Code (or Description of service being requested):	
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Current Primary Diagnoses and ICD-10 Code(s):	
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CLINICAL INFORMATION

- Clinical/therapy documentation/ assessments should be within 72 hours of request.
- Documents to attach (where applicable): History and Physical, Discharge Summary, Therapy Progress Notes, Medication list, etc.
- Missing this information may delay the decision on your request or may result in Lack of Information (LOI) denial.

OUT-OF NETWORK SERVICES ONLY

- Has the service been scheduled already? Yes No
- Is this a specialized service that no other In-network provider can render? Yes No
- Does the member have an established relationship with the provider that should not be interrupted? Yes No

If "Yes", explain (include last visit date):