ALIGN SENIOR CARE
A Curana Health Company

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:
Date of Birth:	Member Living Facility:	

REQUESTING PROVIDER/FACILITY		
Requestor's Name (Print):	Phone Number:	Fax Number:
Referring Provider (If other than requestor):	Referring Provider: ☐NP/PA ☐PCP ☐Therapy Rep ☐Other	
NPI/TIN Number:	Date of Request:	

SERVICING PROVIDER/FACILITY		
Admitting/ Servicing Facility/ Provider Name:		
NPI/ TIN Number:	Phone Number:	Fax number:

SERVICE TYPE REQUESTED	
☐Initial Request ☐ Extension Request, Previous Auth #:	
Skilled Nursing Services: (Select one)	
☐ Post-Acute Skilled Nursing Facility (SNF) ☐ Skill-In-Place (SIP) ☐ Direct SNF admission	
Days/ Visits Requested:	Admission Date/ Date of Service:
CPT Code (or Description of service being requested):	
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):