

Prior Authorization Request

for Skilled Nursing and Acute Inpatient Rehabilitation



All Skilled Nursing request require prior authorization. Prior authorization requests can be made by phone or by completing this form and faxing it to the appropriate number indicated below. When faxing this form, please include all supporting medical documentation (lab results, PT/OT/ST notes, radiology results, consultation reports, office notes, etc.) and/or any additional pertinent information.

For urgent requests, please call the appropriate number below, then fax all supporting medical documentation for the member's record.

MVP Medicare Advantage Plans

Requests must be made to **naviHealth, Inc.**

1-844-411-2883

Fax: **1-866-683-6976**

All Other MVP Plans

Requests must be made to **MVP Health Care**

1-800-999-3920 option 4

Fax: **1-866-942-7826**

Section 1: MVP Member Information *(please print)*

Patient Name	Date of Birth	MVP Member ID No.
--------------	---------------	-------------------

Section 2: Facility and Physician Information

Servicing Facility	NPI/Tax ID No.
--------------------	----------------

Street Address	City	State	Zip Code
----------------	------	-------	----------

Office Contact Name	Office Phone ()	Office Fax ()
---------------------	---------------------	-------------------

Requesting/Attending Physician Name	NPI/Tax ID No.
-------------------------------------	----------------

Street Address	City	State	Zip Code
----------------	------	-------	----------

Phone ()	Fax ()
--------------	------------

Section 3: Diagnosis Information

Diagnosis	Existing Reference No. <i>(if any)</i>
-----------	--

Service Requested

Special Notes
