



Prior Authorization Request Form

All procedures or health care services requiring prior authorization should be faxed or mailed to the Corporate Utilization Management department at MVP Health Care **BEFORE** services are scheduled.

This completed form and all supporting medical documentation (lab, radiology, consultation reports, office notes, letter of medical necessity, etc.) must be faxed or mailed to MVP Health Care:

For all MVP members (except ASO):

625 State Street
Schenectady, NY 12305
Fax: 1-800-280-7346
Telephone: 1-800-568-0458

For MVP Select Care (ASO) members:

PO Box 1434
Schenectady, NY 12305
Fax: 1-800-280-7346
Telephone: 1-800-229-5851

For urgent requests (clinical emergencies), please call the Corporate Utilization Management department. Supporting documentation is still required.

Services requested are not a covered benefit by MVP, until, or unless, MVP reviews and grants prior authorization for the service. If services require prior authorization and are rendered without authorization then MVP may deny any or all part(s) of the claim. MVP manages all requests according to the applicable/allowable regulatory timeframes.

Patient Name: _____	Referred to Physician/Facility: _____
Date of Birth: _____	NPI #: _____
MVP ID #: _____	TIN #: _____
Does COB apply? <input type="checkbox"/> Yes <input type="checkbox"/> No	MMIS # (Medicaid and CHP only): _____
If yes, please specify COB: _____	Address: _____
Requesting Physician Name: _____	_____
NPI #: _____	Phone Number: _____
TIN #: _____	Fax Number: _____
MMIS # (Medicaid and CHP only): _____	Is Provider in MVP's Network? <input type="checkbox"/> Yes <input type="checkbox"/> No
Address: _____	Diagnosis: _____
Office Contact Name: _____	ICD-10 Code(s): _____
Phone Number: _____	CPT Code(s): _____
Fax Number: _____	Procedures/Services Requested: _____
Requesting Physician Signature: _____	_____
Date of Service to be Rendered: _____ <input type="checkbox"/> TBD	Services to be performed: <input type="checkbox"/> Inpatient <input type="checkbox"/> Outpatient <input type="checkbox"/> Office