



Prior Authorization Request Form/Cover Sheet Skilled Nursing & Acute Inpatient Rehab

All Skilled Nursing Requests require PRIOR AUTHORIZATION and must be obtained by either calling **1-800-999-3920** or completing this form and faxing it to the number below (or) mailing it to the address below prior to services being rendered.

Please fax this form and other supporting medical documentation (lab results, radiology results, consultation reports, office notes, etc.) to the number below.

Fax Number: 1-866-942-7826

Mailing address:
MVP Health Care (Att:Utilization Management)
625 State Street
Schenectady, NY 12305

For urgent requests, please call the SNF Intake Unit at 1-800-999-3920, then fax all supporting medical documentation for the member's records.

MVP ID # (REQUIRED):	Requesting Facility:
Patient name:	
	Address:
Date of birth:	
	Office contact name :
	Phone number ()
	Fax number ()
Requesting/Attending physician:	Diagnosis :
Address:	Service requested:
	Existing Reference # (IF ANY):
Phone number ()	Special Notes:
Fax number ()	

**PLEASE NOTE:
ALL SUPPORTING MEDICAL DOCUMENTATION AND/OR ANY ADDITIONAL PERTINENT
INFORMATION SHOULD BE FAXED ALONG WITH THIS REQUEST**