



Inpatient Auth Request Fax Cover Sheet

Call Provider Line at 800-798-2254, Option 3, then fax to 866-220-4495

Date:
 Client name: # of pages (including cover sheet):
 Hospital name Facility type: Fee for Service Short Doyle
 Intake point of contact:
 Phone #: Fax #:
 UR point of contact:
 Phone #: Fax #:

Admission & Insurance Information (required upon initial request and as changes occur)	
Admit date:	Medi-Cal or SSN:
Attending physician:	Client DOB:
Legal status: (72 hr/ 14 day/ 30 day/ T-Con/ P-Con/ Voluntary)	San Diego Medi-Cal: <input type="checkbox"/> Yes <input type="checkbox"/> No
Reason for admission: <input type="checkbox"/> DTS <input type="checkbox"/> DTO <input type="checkbox"/> GD <input type="checkbox"/> OTHER	If Medicare/OHC – Start date of Medi-Cal coverage: (Must include EOB or letter of non-coverage)
<input type="checkbox"/> Admit Auth Request # Days requested (up to 3 Acute, up to 1 Admin) Acute #: Start date Acute: Admin #: Start date Admin: Documents required: <ul style="list-style-type: none"> Complete face sheet (see Appendix 1 of Optum Auth Request Process) Admission orders Initial plan of care (see Appendix 2 of Optum Auth Request Process) If Admin Day, disposition plan/location – Call logs (if applicable) 	<input type="checkbox"/> Continued Auth Request # Days requested (up to 4 Acute, up to 7 Admin) End date of previous authorization: Acute #: Start date Acute: Admin #: Start date Admin: Documents required: <ul style="list-style-type: none"> Continued plan of care (see Appendix 3 of Optum Auth Request Process) Additional information If Admin Day, disposition plan/location – Call log (if applicable)
<input type="checkbox"/> Expedited/Informal appeal (Submit within 2 business days of NOABD fax date) First denied date of service(s) on NOABD: Documents required: <ul style="list-style-type: none"> Updated plan of care/additional information 	<input type="checkbox"/> Discharge Admission date: Dates of Acute Days: Dates of Admin Days: Discharge date: Documents required: <ul style="list-style-type: none"> Discharge plan/summary
<input type="checkbox"/> Clinical consultation (unrelated to NOABD) Updated # of days requested (up to 4 Acute, up to 1 Admin) Acute #: Start date Acute: Admin #: Start date Admin:	Documents required: <ul style="list-style-type: none"> Updated plan of care/additional information

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