

Clover

Pre-Authorization Request

Need faster turnaround times?
Go online: cloverhealth.com/pre-auth



HOW TO USE THIS FORM:

- Complete** all required fields marked with an **asterisk (*)**.
Incomplete forms may be delayed unless all required information is received.
- Attach** copies of supporting clinical information.
Required clinical documentation is listed on our website: cloverhealth.com/pre-auth-list
- Fax** this form to 1-800-308-1107
- Call** us with questions, 1-888-995-1690 to chat with our Utilization Management dept.

MEMBER INFORMATION (please print clearly)

Member Name*	Member ID*	Date of Birth*
	_____	____/____/____ (MM / DD / YYYY)

REQUESTING PROVIDER / FACILITY INFORMATION

Requesting NPI (Provider or Facility)*			Requesting Contact Name	

Requesting MD/Facility Name*			Title/Dept.	

Address*			Email	

City*	State*	ZIP code*	Phone	Fax
_____	_____	_____	_____	_____

SERVICING PROVIDER / FACILITY INFORMATION

Servicing NPI (Provider or Facility)*			<input type="checkbox"/> Same as requesting Provider or Facility		Servicing Contact Name

Servicing MD/Facility Name*			Specialty*		Title/Dept.
_____			_____		
Address*			Email		

City*	State*	ZIP code*	Phone	Fax	
_____	_____	_____	_____	_____	

AUTHORIZATION REQUEST (please attach copies of required clinical documentation)*

Service Type*		Place of Service*			Start Date or Admission Date*		End Date or Discharge Date	
<input type="checkbox"/> Inpatient <input type="checkbox"/> Outpatient		<input type="checkbox"/> MD Office <input type="checkbox"/> Home Health <input type="checkbox"/> DME <input type="checkbox"/> Amg Surg. <input type="checkbox"/> Other _____			____/____/____		____/____/____	
Primary Procedure Code (CPT/HCPCS)			Unit(s)	Modifier	Diagnosis Code (ICD 10)*		Service Description	
_____			_____	_____	_____		_____	
Additional Procedure Code(s) (CPT/HCPCS)			Unit(s)	Modifier	Diagnosis Code (ICD 10)		Service Description	
_____			_____	_____	_____		_____	

URGENT REQUEST (If applicable, explain medical need to expedite*)

Routine requests are processed on a 14 calendar day timeframe, but does not mean we will take the full 14 days as we will process according to the member's needs and no later than 72 hours if the physician documents that would place the member's health in danger.

Total Pages:

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