MCO Universal Prior Authorization Form – BabyNet

A copy of the IFSP must be attached to the PA request. For questions, contact the plan at the associated phone number.

*Fax the COMPLETED form and the IFSP										
Absolute Total Care First Choice b P: 1.866.433.6041 P: 1.888.559.1010 F: 1.866.912.3606 F: 1.866.368.4563 www.absolutetotalcare.com www.selecthealthcom	62 F: 1.800.823.5520		Choice of	Choice of SC Molina HealthCare of SC P: 1.855.237.6178 F: 1.866.423.3889 www.molinahealthcare.com		WellCare of SC P: 1.888.588.9842 F: 1.877.277.1820 www.wellcare.com				
Patient's name (first, middle, last)							DOB			
Street address, apt. number			City, State, Zip							
Home phone Mobile phone		Medicaid n	Medicaid number				MCO ID number			
Start Date Stop Date		ICD-10 Diagnosis Code								
Secondary Coverage										
		D number				Group number				
Policy holder E	Policy holder DOB		Relationship to patient				Employer			
AUDIOLOGY EVALUATION										
PROCEDURE CODE UNITS REQUESTED			TIME SPAN							
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Individual Provider Name (last name, first name)		Individual Provider NPI number
Practice Contact person	Phone	Fax

MCO Universal BabyNet Authorization Form November 2019