



MMCP / MCHP / MPC / CCP / CCPHSA

Provider Request Date: _____

Future Admission / Surgery / Procedure Date: _____

Start of Care Date / Dates of Service: _____

Provider: _____ Office Rep: _____

Participating providers with access to our Provider Portal, Epic Link / PlanLink, are REQUIRED to submit Prior Auth requests through the portal along with the appropriate clinical information.

AUTHORIZATION IS NOT A GUARANTEE OF PAYMENT

CCP FAX NUMBER: 954-251-4279		REQUESTING TO PROVIDER:
CCP PHONE NUMBER: 954-622-3499		REQUESTING FROM PROVIDER NAME:
PCP NAME:	PCP PHONE #:	PROVIDER TO FAX NUMBER:
MEMBER NAME:	D.O.B.:	PROVIDER TO PHONE NUMBER:
MEMBER ID NUMBER: (FOR MPC USE MEDICAL RECORD #)		PROVIDER TO TAX ID NUMBER:

PRODUCT LINES:

<input type="checkbox"/> MPC / SBCHS (PCC) Memorial Primary Care <input type="checkbox"/> ROUTINE (PROCESS WITHIN 14 BUSINESS DAYS)	<input type="checkbox"/> MMCP/MCHP/CCP/CCP HSA <input type="checkbox"/> ROUTINE (PROCESS WITHIN 3 BUSINESS DAYS)
<input type="checkbox"/> URGENT (WITHIN 2 BUSINESS DAYS) Definition of Urgent: A Pre-Service request for which the Routine processing time period could seriously jeopardize the member's life, health, or ability to regain maximum function; or would subject the member to severe pain that cannot be adequately managed without the treatment being requested. A Post- Service request for authorization is never an urgent request.	

Reason for request:

(Attach pertinent medical records to assist in medical necessity review and timeliness of decision)

Diagnosis & ICD-10
 Procedure & CPT

Comment _____

Place of Service 11 (Office) 21 (IP Hospital) 24 (Amb Surg Ctr) 12 (Home)
 22 (OP Hospital) Other (Please specify) _____

Facility where service to be performed MRH MHW MHP MHM MRHS JDCH

Other facility _____

**Provider's
 Printed Name** _____

**Provider's
 Signature** _____ **Date** _____

Confidentiality Notice: The information contained in this communication is privileged and confidential and may include protected health information (PHI) and/or personally identifiable information (PII) and may be subject to legal protection, including the Health Insurance Portability and Accountability Act (HIPAA) of 1996, as amended, the Health Information Technology for Economic and Clinical Health (HITECH) Act, enacted as part of the American Recovery and Reinvestment Act of 2009, as amended, and the Florida Information Protection Act (FIPA) of 2014, as amended. This communication is intended for the sole use of the individual or entity to whom it is addressed. If you are not the intended recipient, you are notified that any use, dissemination, distribution, printing or copying of this communication is strictly prohibited and may subject you to criminal or civil penalties. If you have received this transmission in error, please contact the sender immediately to return the information and/or to appropriately dispose of the information.