



**MMCP / MCHP / MPC / CCP / CCPHSA**

**Provider Request Date:** \_\_\_\_\_  
**Admission / Surgery / Procedure Date of Service:** \_\_\_\_\_  
**Requesting Provider:** \_\_\_\_\_  
**Office Rep:** \_\_\_\_\_ **Phone:** \_\_\_\_\_

**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**

<b>CCP FAX NUMBER:</b> 954-251-4279		<b>REQUESTING TO PROVIDER NAME:</b>
<b>CCP PHONE NUMBER:</b> 954-622-3499		<b>PROVIDER TO PHONE NUMBER:</b>
<b>PCP NAME:</b>	<b>PCP PHONE #:</b>	<b>PROVIDER TO FAX NUMBER:</b>
<b>MEMBER NAME:</b>	<b>D.O.B.:</b>	<b>PROVIDER TO EMAIL:</b>
<b>MEMBER ID NUMBER:</b> (FOR MPC USE MEDICAL RECORD #)		<b>PROVIDER TO TAX and NPI ID NUMBERS:</b>

**PRODUCT LINES:**

<input type="checkbox"/> <b>MPC / SBCHS (PCC)</b> Memorial Primary Care <input type="checkbox"/> <b>ROUTINE</b> (PROCESS WITHIN 14 BUSINESS DAYS)	<input type="checkbox"/> <b>MMCP/MCHP/CCP/CCP HSA</b> <input type="checkbox"/> <b>ROUTINE</b> (PROCESS WITHIN 3 BUSINESS DAYS)
<input type="checkbox"/> <b>URGENT</b> (WITHIN 2 BUSINESS DAYS) <b>Definition of Urgent:</b> 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 Signature** \_\_\_\_\_ **Date** \_\_\_\_\_

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