



PO Box 30377 Lansing, MI 48909-7877

Facility Tax ID

Phone: 517.364.8560 Fax: 517.364.8409

Transplant Prior Approval or Out-of-Network Request Form

<u>Instructions</u>: Please fill out this form completely and fax to 517.364.8409, Monday - Friday, 8 a.m. to 5 p.m. EST, except holidays. Documentation that must be submitted with the request includes:

- ✓ Clinical documentation that supports the need for the service(s)
- ✓ Clinical documentation that supports the need for the service(s) to be performed out-of-network
- ✓ Consult report from the in-network specialist who evaluated the member for the requested service
- ✓ Any other pertinent information for the review of this request.

Patient Information	Evaluation Information
Today's Date: Member Name:	Evaluation and Event Information
Member's PHP ID#: Date of Birth:	
Add Name and Policy Number for Any Other Insurance	æ
Coordination Information	_
Transplant Coordinator Name	_
•	
Office Phone: Fax:	
Referring Provider Name	
Office Phone: Fax:	
Transplant Provider/Surgeon Name	
Phone Number Fax Number NPI	
Organ Transplant ICD10	Code CPT Procedure Code(s)
Initial Request Extension Request No	n-Urgent service Clinically Urgent Service Retroactive
	, ,
	rvice location: Outpatient Hospital Inpatient Hospital nsplant Facility Name Facility NPI
DOS scheduled on:	nsplant Facility Name Facility NPI
Retrospective DOS:	

12/14/2022

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Street Address, City, State, Zip Code