Advanced Health
289 LaClair St, Coos Bay, OR 97420
Voice: 541-269-7400 • 800-264-0014
Fax: 541-269-7147 • TTY: 877-769-7400

Skilled Nursing Facility Authorization Request

• For questions call: 541-269-7400 • Fax Completed Form and Records to 541-269-7147•
**** PLEASE NOTE: INCOMPLETE FORMS WILL DELAY THE AUTHORIZATION PROCESS ****

Member Name: _____ DOB: _____/_____/_____

Member ID #: _____

Facility Referred to: _____ Facility NPI#: _____

Phone #: _____ Fax #: _____

Ordering Physician: _____ Ordering Physician NPI#: _____

Phone # _____ Fax # _____

ICD-10 Code(s) _____ **(Required field)**

TYPE OF REQUEST:

New Admission _____ Admission Date _____ Estimated DC Date _____

Extension Request _____ # of Additional Days ____ Existing Authorization # _____

Treatment Plan (Check all that apply): Skilled Nursing ____ PT ____ OT ____ ST ____ Wound Care ____ IV Abx ____

Additional Information:

Therapies (Please list CPT codes): _____

Signature of Requesting Provider:_____ Date _____/_____/_____

Disclaimer: Prior Authorization does not assure payment, which also depends on patient eligibility on date of service, contract terms, and compliance with rules, regulations and policies of DMAP, Medicare and DOCS as applicable.