



PROVIDER REQUEST FOR HEALTH COVERAGE BENEFITS

To request benefits online, we must have ALL information provided on the form below.
Benefits will be faxed back within one business day.

Requester's Name:

Requester's Phone Number:

Requester's Fax Number (Benefits will be sent to this fax):

Provider Name:

Provider Tax ID:

Provider Address:

Date of Service:

Diagnosis:

Treatment:

Patient's Name:

Patient's Date of Birth:

Patient's ID:

(9 or 11 digit ID, Example: A00001234 or 01234A56789)

Notes:

Emergency care rendered by a non-preferred provider for inpatient services will be calculated using the in-network benefits; however, once a referral can be made to safely transfer the patient to the care of a preferred provider, continued services by the nonpreferred provider will be calculated using the out-of-network benefits.

Pre-approval is required for home health, injectable medications, durable medical equipment, orthotics, and prosthetics. **MEDICARE SUPPLEMENT PLANS – PREAPPROVAL OR PRECERTIFICATION IS NOT REQUIRED DUE TO PLAN PAYING BASED ON MEDICARE GUIDELINES.** For DME, orthotics, or prosthetics, please call our office at 800-371-9622, Extension 2576. For home health or injectable medications, please call 800-371-9622, Extension 2782.

Precertification is required on all overnight hospital stays. Failure to pre certify will result in a penalty. To precertify a stay, call the MCM precertification line at 800-245-3005. Calling the precertification line does not confirm coverage for the stay or participation in any preferred provider network. It simply establishes if the length of the overnight stay in the hospital is medically appropriate.

Please be advised that we do not guarantee benefits prior to a claim being submitted and approved. All policy provisions, exclusions, and limitations will apply.