AUTHORIZATION REQUEST FORM

Health Care District
PALM BEACH COUNTY

District Cares Program

Date: _____ **REFERENCE #:** _____

****CONFIDENTIAL HEALTH INFORMATION****

Health Care Information is personal and sensitive information related to a person's health care. It is being faxed to you after appropriate authorization from the patient/member or under circumstances that do not require patient/member authorization. You, the recipient, are obligated to maintain it in a safe, secure and confidential manner. Re-disclosure without additional patient/member consent or as permitted by law is prohibited. Unauthorized re-disclosure or failure to maintain confidentiality could subject you to penalties described in federal and state law.

Telephone #: (866) 930-0035 Fax #: (561) 804-4220

*****Prior to visit call Customer Service at (866) 930-0035 to verify eligibility*****

Mbr. Name: _____ Eligibility: _____ to: _____

Mbr. #: _____ Phone #: _____ D.O.B.: _____

Requesting MD: _____ Contact Person: _____

Phone #: _____ Fax #: _____

Previous Authorization? **Have all previously authorized visits been used?** ☐ **Yes** ☐ **No**

SERVICE REQUEST: _____ ☐ Inpatient ☐ Outpatient

Provider Name: _____ NPI #: (Required) _____ Phone #: _____

Fax #: _____

Facility: _____ Date of Service: _____ # Visits: _____

Diagnosis/ICD- 10 Code(s): _____

Diagnosis/ICD-10 Code(s): _____

Procedure/CPT/HCPCS Code(s): _____

Procedure/CPT/HCPCS Code(s): _____

Comments: _____

STATUS ******INTERNAL USE ONLY BELOW THIS LINE******

Dates of Service: From: _____ Thru: _____

LOS/Visits: _____ ☐ Approved ☐ Denied By: _____ Date: _____

Reason/Comments: _____

Faxed To: _____ Fax #: _____

Faxed To: _____ Fax #: _____

PROVIDER: PLEASE CONTACT MEMBER TO SCHEDULE IF SERVICES ARE APPROVED.

Submit Claims: Health Care District, 1515 N Flagler Dr., Suite 101, West Palm Beach, FL 33401-3429

This DOES NOT GUARANTEE PAYMENT. Payment of benefits is subject to member's eligibility on the date the service is rendered, contractual provision of the plan, and standard industry billing guidelines. Authorization Request Forms received after 5:00 pm, will be considered received the next business day.