MARYLAND physicians care
MANAGED CARE ORGANIZATION

UM Department Phone #: 800-953-8854

Inpatient Admission Notification Fax #: 1-800-385-4169
Post Discharge Services UM Fax #: 1-833-424-8013
Scheduled Inpatient & Outpatient Services & Transplant Request Fax #: 1-800-953-8856

Requestor's Contact Name:	Requestor's Phone #:

Patient Information:

*Name:	*DOB:
*Patient ID #:	*Patient Phone #:
*Service Is: ☐ Elective / Routine	☐ Expedited / Urgent

Note: Select Expedited/ Urgent to prevent serious deterioration in health or jeopardize ability to regain maximum function.

(For Claim Denial or Prior Authorization Denial, please submit an Appeal through Customer Service at 1-800-953-8854)

***Service Type Requested:** Please review plans benefit prior to request

Inpatient	Outpatient	Other
☐ Emergent Inpatient	☐ Surgical Procedure	☐ Home Health /Home Infusion/ IVT
☐ Concurrent Review	☐ Chiropractic Services	☐ Private Duty Nursing
☐ Surgical Procedures	☐ Cochlear Implants	☐ Hospice Care
☐ Elective Admission	☐ Hyperbaric Oxygen Therapy	☐ Hearing Aids/ Cochlear Implants
☐ Skilled Nursing Facility	☐ Intensive Cardiac & Pulmonary Rehab	☐ DME/Prosthetics/Orthotics
☐ Acute Rehab	☐ Podiatry Services	☐ High Cost Medication
☐ Maternity	☐ Sleep Study	☐ Voluntary Sterilization
☐ NICU Stay	☐ Transplant Evaluations	
☐ Transplant	☐ Bariatric Surgery	☐ Other: _____

Procedure Information:

*ICD 10 Diagnosis:	Diagnosis Description:
*CPT/HCPC Code & Description *(Include Unit of Measure / Frequency for supplies):*	
*Date(s) of Service:	# of Units or Visits:

Provider Information:

Requesting Provider	Is this the patient's Primary Care Physician? ☐ Yes ☐ No	
*Name:	*NPI	TIN:
*Phone:	*Fax	
*Address:		

Rendering Provider	☐ Same as the Requesting Provider	
If Requesting and Rendering providers differ, complete section below		
*Name:	*NPI	*TIN:
*Phone:	*Fax	
*Address:		

Facility	☐ N/A	
*Name:	*NPI	*TIN:
*Phone:	*Fax	
*Address:		

Request for extension to existing authorization number:

PLEASE COMPLETE ALL SECTIONS WITH AN ASTERISK AND ATTACH CLINICAL NOTES/SUMMARY TO SUPPORT MEDICAL NECESSITY.
INCOMPLETE INFORMATION MAY DELAY THE PROCESS.
Always verify eligibility, benefits, and prior authorization requirements