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 P.O. Box 180205
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CONFIDENTIAL INFORMATION

Medicare Advantage PPOSM Cardiac Inpatient Prior Authorization Fax Form

Member Name _____ Medicare Number _____

Member ID Number _____ DOB _____

Date of Admission _____

Diagnosis _____ CPT[®] Code _____ ICD9 Code _____

Co-morbidities _____

Symptoms _____

Prior Treatments/Medications/Results _____

>Cardiac Enzymes _____

>PT/PTT _____

>Other labs _____

>EKG results _____

>ECHO results _____ >Stress results _____

Facility/Provider Name _____ Provider# _____

NPI _____ Tax ID# (the last 5 digits) _____

Contact Person _____ Phone _____ Fax _____

Requesting Physician _____ NPI _____

Requesting Physician Provider # _____ Tax ID# (the last 5 digits) _____

Call In Prior Authorization 1-800-924-7141
Fax In Prior Authorization 1-888-535-5243 or 1-423-535-5243
Medicare Advantage Customer Service 1-800-841-7434 or 1-888-423-9490 TTY (hearing impaired) Mon-Fri, 8 a.m. – 9 p.m., ET, seven days a week.

From March 2 to September 30, you may be required to leave a voicemail on holidays and weekends. Your call will be returned within one business day.

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