



1981 Marcus Avenue, Suite 100, Lake Success, NY 11042  
 www.integramanagedcare.com | Toll Free 877-388-5195 | TTY/TDD 711

**Prior Authorization Request**

Date of Request: \_\_\_\_\_ **Requests must be submitted no less than 7 days prior to procedure.**

Member Information		Requesting Provider Information	
Name:		Name:	
DOB:		NPI:	TIN:
Member ID:	<input type="checkbox"/> Medicare <input type="checkbox"/> MLTC	Phone:	Contact Name:

Rendering Physician Information (when applicable)		Rendering Facility Information (when applicable)	
Name:		Name:	
NPI:		NPI:	
TIN:		TIN:	
Specialty:		Specialty:	
Address:		Address:	
Phone:	Contact Name:	Phone:	Contact Name:
Fax:		Fax:	

**Requested Service(s)**

**IMPORTANT ALL FIELDS IN THIS SECTION MUST BE COMPLETED.** Information including, but not limited to, chart notes, test results, previous treatments and/or consultation summaries must be attached. Failure to provide adequate clinical findings for requested services may result in delay or denial of requested services.

**Fax your completed request to: 516-321-4638. Call 877-388-5195.**

Date of Test/Procedure:	Clinicals/Reports included: (circle one) <b>Yes</b> <b>No</b>
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**Services Requested** - (Home Care must specify number of visits, from/through dates, hours, and frequency per type of care (PCA, HHA, RN, etc..))

CPT Code(s): (All drugs must specify dosage and frequency.)	ICD-10 Code(s):
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Place of Service (check one):	<input type="checkbox"/> Office (11)	<input type="checkbox"/> Home (12)	<input type="checkbox"/> Inpatient (21)	<input type="checkbox"/> Outpatient (22)
<input type="checkbox"/> Other (specify)	<input type="checkbox"/> Skilled Nursing Facility (31)		<input type="checkbox"/> Amb. Surg. Center (24)	

Integra Managed Care will notify you of the determination made on your request (Approved, Denied) via telephone and fax or Mail. Service without required prior approval from Integra Managed Care is not payable.

**IMPORTANT** The approval of the services indicated above refers only to the medical appropriateness of the requested service(s) and does not represent guarantee of payment. Your acceptance of this authorization to provide services to the above-referenced member/patient constitutes your agreement to accept payment in accordance with Integra Managed Care's reimbursement fee schedule (which may change) as payment in full, and look to the member/patient only for payment of applicable co-payment, coinsurance, and/or deductibles. Payment is limited to those service(s) specifically authorized; additional services may require further authorization from Integra Managed Care. You further agree to abide by Integra Managed Care's Claims, Quality, and Utilization Management policies currently in effect. **REIMBURSEMENT IS SUBJECT TO MEMBER'S ELIGIBILITY TO RECEIVE BENEFITS ON THE DATE OF SERVICE.** Timely filing is 180 days from the Date of Service for all Integra Managed Care Health Plans. Payer ID: 45302. Claim mailing address: 1981 Marcus Ave, Suite 100, Lake Success, NY 11042. Claim status is available at 877-388-5195 or on the Provider Portal online at [www.integramanagedcare.com](http://www.integramanagedcare.com). For a full network list of Lab Providers participating with Integra Managed Care visit our website.