COX HEALTHPLANS
CoxHealth

MEDICAL MANAGEMENT
P.O. BOX 5750
Springfield, MO 65801-5750
Toll Free # 1-800-205-7665
Local: 417-269-2813
Fax #:417-269-2919
Alternative Fax #:417-605-3692

Please Print or Type Clearly

Medical Authorization Form
Form Must Be Filled Out Completely Prior to CHP Review

Today' Date:	**Form Completed By:**

1. PATIENT INFORMATION

Patient Name **Last :** **First:** **Middle:**	**DOB:** / /	**Sex:** ☐ M ☐ F	***11-Digit Patient* Insurance ID #:** __ __ __ __ __ __ __ __ __ __ __

2. MEDICAL SERVICE REQUESTED

Referring Provider:	**Phone #:** **Ext.#:** ( ) -	**Fax #:** ( ) -

(Please Circle):
____ 1. Outpatient ____ 2. Inpatient ____ 3. Partial ____ 4. Other :_____

Hospital/Facility/or Provider of Service :	**Phone #:** **Ext.#:** ( ) -	**Fax #:** ( ) -

Rendering Hospital/Facility/or Provider -*Physical Address (*REQUIRED TO DETERMINE BENEFIT):

City*:	**State*:**	**Zip Code*:**	**Tax Id# for Billing* (REQUIRED):**
Admission Date*: / /	**# of Days/Units Requested:**	**Start Date:** / /	**End Date:** / /

Diagnosis (ICD-10 Code) With Description (REQUIRED): (NOT FOR CLINICAL/MEDICAL RECORDS. ATTACH SEPARATELY.):

Procedure Code (CPT Codes) With Description (REQUIRED):

3. COX HEALTHPLANS USE ONLY

Authorization #:	**Start Date:** / /	**End Date:** / /	**Service (s) Authorized:**

Comments:

Disclaimer:
This authorization is not a determination of benefits or a determination or guarantee of benefit payment, which are subject to a final verification of member eligibility. The authorization is limited to the specific services requested above. The member is responsible for the payment of services received during any period member is ineligible for coverage. CHP reserves the right to determine payment for any services received based upon the contractual rights of the member. CHP may also retract any authorization, or deny the benefits related to that authorization if any authorization information is misrepresented. Benefit payments are still subject to industry coding standards and to investigation for potential exclusion as workers' compensation benefits.

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