Indiana Health Coverage Programs
Prior Authorization Request Form

Check the radio button of the entity that must authorize the service. (For managed care, check the member's plan, unless the service is carved out [delivered as fee-for-service].)

Fee-for-Service	◉ **Gainwell Technologies**	**P: 1-800-457-4584, option 7**	**F: 1-800-689-2759**
Hoosier Healthwise	○ **Anthem Hoosier Healthwise**	**P: 1-866-408-6132**	**F: 1-866-406-2803**
	○ **Anthem Hoosier Healthwise – SFHN**	**P: 1-800-291-4140**	**F: 1-800-747-3693**
	○ **CareSource Hoosier Healthwise**	**P: 1-844-607-2831**	**F: 1-844-432-8924**
	○ **MDwise Hoosier Healthwise**	**P: 1-888-961-3100**	**F: 1-888-465-5581**
	○ **MHS Hoosier Healthwise**	**P: 1-877-647-4848**	**F: 1-866-912-4245**
Healthy Indiana Plan (HIP)	○ **Anthem HIP**	**P: 1-844-533-1995**	**F: 1-866-406-2803**
	○ **CareSource HIP**	**P: 1-844-607-2831**	**F: 1-844-432-8924**
	○ **MDwise HIP**	**P: 1-888-961-3100**	**F: 1-866-613-1642**
	○ **MHS HIP**	**P: 1-877-647-4848**	**F: 1-866-912-4245**
Hoosier Care Connect	○ **Anthem Hoosier Care Connect**	**P: 1-844-284-1798**	**F: 1-866-406-2803**
	○ **MHS Hoosier Care Connect**	**P: 1-877-647-4848**	**F: 1-866-912-4245**
	○ **UnitedHealthcare**	**P: 1-877-610-9785**	**F: 1-844-897-6514**

Please complete all appropriate fields.

Patient Information

IHCP Member ID (RID): ASKPSL890Other

Date of Birth: 28/05/2021

Patient Name: BOB

Address: TEXAS

City/State/ZIP Code: 10101001

Patient/Guardian Phone: 18282992

PMP Name: ALICE

PMP NPI: GEORGE

PMP Phone: 182 182920

Ordering, Prescribing, or Referring (OPR) Provider Information

OPR Physician NPI: HHI IQ Q

Medical Diagnosis (Use of ICD Diagnostic Code Is Required)

Dx1	12	**Dx2**	12	**Dx3**	2

Please check the requested assignment category below:

- ☐ DME
  - ☑ *Purchased*
  - ☑ *Rented*
- ☐ Home Health
- ☐ Hospice
- ☐ Inpatient
- ☑ Observation
- ☐ Office Visit
- ☐ Occupational Therapy
- ☑ Outpatient
- ☐ Physical Therapy
- ☐ Speech Therapy
- ☑ Transportation
- ☐ Other

Requesting Provider Information

Requesting Provider NPI/Provider ID: 18181

Taxonomy: WOWO

Taxpayer Identification Number (TIN): WUWIWO2920

Provider Name: ROCK

Rendering Provider Information

Rendering Provider NPI/Provider ID: HJWWOW

TIN: 1912HJDN00

Name: BOB

Address: INDIANA

City/State/ZIP Code: INDIANA

Phone: 1717 181890

Fax: 1772 9191901

Preparer's Information

Name: BOB ALICE

Phone: 1020 10202

Fax: 1922002 1233

Dates of Service Start	Stop	Procedure/ Service Codes	Modifiers		Service Description	Taxonomy	Place of Service (POS)	Units	Dollars
02/20/2020	03/22/2020	DELL	12	22	SERVICE 1	JAJAJA	TEXAS	12	2
03/30/2020	04/20/2020	LENOVO	22	22	SERVICE2	HSIJS	OHIO	22	12

Notes: Service

PLEASE NOTE: Your request MUST include medical documentation to be reviewed for medical necessity.

Signature of Qualified Practitioner _____ Date: 06/23/2021

See the *IHCP Quick Reference Guide* for information about where to mail this form.