

[+ CREATE REQUEST](#)[Overview](#)[My Tasks](#)[Manage Request](#)[Auth Status](#)[Settings](#)

**Primary Diagnosis is Mandatory.**  
Please select one.

 search for a request

## Create Request.

[Cancel](#)[Save](#)

**Member Info.**  
Complete

02 **Diagnosis**  
Not complete

03 **Services**  
--

04 **Physicians**  
--

05 **Rendering Prov.**  
--

06 **Additional Information**  
--

Name  
**Vela Mebarack**

Subscriber ID  
**1281900-12**

Insurance  
**Healthcare**

Line of Business  
**MA**

DOB  
**04-05-1976**

### Diagnosis

**S1829**

Displaced



ICD CODE ▾	DESCRIPTION	ACTIONS
<b>S1829B2</b>	Displaced avulsion fracture of left ilium.	<a href="#">Add</a>
<b>S1829B2</b>	Displaced avulsion fracture of left ilium.	<a href="#">Add</a>
<b>S1829B2</b>	Displaced avulsion fracture of left ilium.	<a href="#">Add</a>
<b>S1829B2</b>	Displaced avulsion fracture of left ilium.	<a href="#">Add</a>
<b>S1829B2</b>	Displaced avulsion fracture of left ilium.	<a href="#">Add</a>

▼ **SELECTED DIAGNOSIS** 0

Select a diagnosis.

[Next](#)

# Create Request.

CancelSave

## + CREATE REQUEST

Overview

My Tasks

Manage Request

Auth Status

Settings

### Member Info.

Complete

### Diagnosis

Complete

### Services

Not complete

### Physicians

--

### Rendering Prov.

--

### Additional Information

--

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DOB  
**04-05-1976**

## Services

Associate a services with the member to be processed for carecentrix

Type



### Add your Services

Perform a search to see the list

Next

# Create Request.

CancelSave

## + CREATE REQUEST

Overview

My Tasks

Manage Request

Auth Status

Settings

**Member Info.**

Complete

**Diagnosis**

Complete

**Services**

Not complete

**Physicians**

--

**Rendering Prov.**

--

**Additional Information**

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Name

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Subscriber ID

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Line of Business

**MA**

DOB

**04-05-1976**

## Services

Associate a services with the member to be processed for carecentrix

Skilled Nursing Facility



Type	Rev Code	Description	Actions
Skilled Nursing Facility	<b>1234</b>	Placeholder Text	Select
Skilled Nursing Facility	<b>1234</b>	Placeholder Text	Select
Skilled Nursing Facility	<b>1234</b>	Placeholder Text	Select
Skilled Nursing Facility	<b>1234</b>	Placeholder Text	Select

**Next**

# Create Request.

CancelSave

## + CREATE REQUEST

Overview

My Tasks

Manage Request

Auth Status

Settings

### Member Info.

Complete

### Diagnosis

Complete

### Services

Not complete

### Physicians

--

### Rendering Prov.

--

### Additional Information

--

Name  
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DOB  
**04-05-1976**

## Services

Associate a services with the member to be processed for carecentrix

Skilled Nursing Facility



Type	Rev Code	Description	Actions
Skilled Nursing Facility	<b>1234</b>	Placeholder Text	Select
Skilled Nursing Facility	<b>1234</b>	Placeholder Text	Select
Skilled Nursing Facility	<b>1234</b>	Placeholder Text	Select
Skilled Nursing Facility	<b>1234</b>	Placeholder Text	Select

Next

# Create Request.

[Cancel](#)[Save](#)

## + CREATE REQUEST

Member Info.  Diagnosis Complete  Services Not complete  Physicians  Rendering Prov.  Additional Information

Name	Subscriber ID	Line of Business
Vela Mebarack	128190-12	MA
		DOB 04-05-1976

## Services

Associate a service with the member to be processed for carecentrix

Skilled Nursing Facility

**ACTIONS**   

Type	Rev Code	Description
Skilled Nursing Facility	1234	Placeholder Text
Skilled Nursing Facility	1234	Placeholder Text
Skilled Nursing Facility	1234	Placeholder Text

Scroll down after selecting a service to complete the details

## Service Details

Please provide this information

**REQUEST DETAILS**

Request Type 

Request Start Date 

**ADDITIONAL DETAILS**

- Was the service or item for which you are now requesting authorization initiated prior to submitting this request for authorization?

Yes

No

- Is there a physician's order for the service you are requesting?

Yes

No

**DISCHARGING FACILITY INFORMATION**

- Was the patient discharged from the hospital within the past 90 days?

Yes

No

**Next**

# Create Request.

[Cancel](#) [Save](#)

## + CREATE REQUEST

<input checked="" type="checkbox"/> Member Info.	<input checked="" type="checkbox"/> Diagnosis	03 Services	04 Physicians	05 Rendering Prov.	06 Additional Information
Complete	Complete	Not complete	--	--	--

Name **Vela Mebarack** Subscriber ID **128190-12** Insurance **Healthcare** Line of Business **MA** DOB **04-05-1976**

## Services

Associate a service with the member to be processed for carecentrix

Skilled Nursing Facility	<input checked="" type="checkbox"/>	<input type="text"/>
--------------------------	-------------------------------------	----------------------

### ACTIONS



### TYPE

Skilled Nursing Facility

### REV CODE

1234

### DESCRIPTION

Placeholder Text

### ACTIONS



Skilled Nursing Facility

1234

### DESCRIPTION

Placeholder Text

### ACTIONS



Skilled Nursing Facility

1234

### DESCRIPTION

Placeholder Text

### ACTIONS



Skilled Nursing Facility

1234

### DESCRIPTION

Placeholder Text

Scroll down after selecting a service to complete the details

## Service Details

Please provide this information

### REQUEST DETAILS

Request Type	Request Start Date
Urgent	<input type="text"/> 04-05-2020

### ADDITIONAL DETAILS

- Was the service or item for which you are now requesting authorization initiated prior to submitting this request for authorization?

Yes

No

- Is there a physician's order for the service you are requesting?

Yes

No

### DISCHARGING FACILITY INFORMATION

- Was the patient discharged from the hospital within the past 90 days?

Yes

No

[Next](#)

[Cancel](#)[Save](#)[+ CREATE REQUEST](#)[Additional Information](#)[...](#)

# Primary Care Physician

Ordering Physician

Primary Physician

Both

+ CREATE REQUEST

Overview

My Tasks

Manage Request

Auth Status

Settings

## Create Request.

[Cancel](#)[Save](#) Member Info.  
Complete Diagnosis  
Complete Services  
Complete04 Physician  
Not complete05 Rendering Prov.  
--06 Additional Information  
--

Name

**Vela Mebarack**

Subscriber ID

**1281900-12**

Insurance

**Healthcare**

Line of Business

**MA**

DOB

**04-05-1976**

### Physician

[Add Physician](#)

Find a physician using the search fields below. At **least two fields** must be entered.

Last Name

First Name

NPI

Phone Number

City

State

Zip



### Add a Physician

Perform a search to find the Ordering and Primary Care Physician for the request.

You have selected **INSTAY - SNF.LEVEL3** as a service

+ CREATE REQUEST

Overview

My Tasks

Manage Request

Auth Status

Settings

## Create Request.

[Cancel](#)[Save](#) Member Info.  
Complete Diagnosis  
Complete Services  
Complete04 Physician  
Not complete05 Rendering Prov.  
--06 Additional Information  
--

Name

**Vela Mebarack**

Subscriber ID

**1281900-12**

Insurance

**Healthcare**

Line of Business

**MA**

DOB

**04-05-1976**

### Physician

[Add Physician](#)Find a physician using the search fields below. At **least two fields** must be entered.

Last Name

First Name

NPI

Phone Number

Washington D. C.

CL

Zip



NAME	NPI	ZIP	STATE	CITY	PHONE	ACTIONS
Scarlett Hawkins	28193849	06165	CL	Washington D. C.	(629) 555-0129	
Serenity Murphy	28193849	06165	CL	Washington D. C.	(480) 555-0103	
Ricardo Simmmmons	28193849	06165	CL	Washington D. C.	(316) 555-0116	

**SELECTED PHYSICIAN**

0

[Next](#)

+ CREATE REQUEST

Overview

My Tasks

Manage Request

Auth Status

Settings

## Create Request.

[Cancel](#)[Save](#) Member Info.  
Complete Diagnosis  
Complete Services  
Complete04 Physician  
Not complete05 Rendering Prov.  
--06 Additional Information  
--

Name

Vela Mebarack

Subscriber ID

1281900-12

Insurance

Healthcare

Line of Business

MA

DOB

04-05-1976

### Physician

[Add Physician](#)Find a physician using the search fields below. At **least two fields** must be entered.

Last Name

First Name

NPI

Phone Number

Washington D. C.

CL

Zip



NAME	NPI	ZIP	STATE	CITY	PHONE	ACTIONS
Scarlett Hawkins	28193849	06165	CL	V Ordering Physician	Primary Care Physician	<a href="#">Both</a>
Serenity Murphy	28193849	06165	CL	Washington D. C.	(480) 555-0103	<a href="#">Add</a>
Ricardo Simmmmons	28193849	06165	CL	Washington D. C.	(316) 555-0116	<a href="#">Add</a>

**SELECTED PHYSICIAN** 0[Next](#)

+ CREATE REQUEST

Overview

My Tasks

Manage Request

Auth Status

Settings

## Create Request.

[Cancel](#)[Save](#) Member Info.  
Complete Diagnosis  
Complete Services  
Complete04 Physician  
Not complete05 Rendering Prov.  
--06 Additional Information  
--

Name

**Vela Mebarack**

Subscriber ID

**1281900-12**

Insurance

**Healthcare**

Line of Business

**MA**

DOB

**04-05-1976**

### Physician

[Add Physician](#)Find a physician using the search fields below. At **least two fields** must be entered.

Last Name

First Name

NPI

Phone Number

Washington D. C.

CL

Zip



NAME	NPI	ZIP	STATE	CITY	PHONE	ACTIONS
Scarlett Hawkins	28193849	06165	CL	✓ Ordering Physician	Primary Care Physician	Both
Serenity Murphy	28193849	06165	CL	Washington D. C.	(480) 555-0103	Add
Ricardo Simmmmons	28193849	06165	CL	Washington D. C.	(316) 555-0116	Add

**SELECTED PHYSICIAN**

0

Ricardo Simmmmons	28193849	06165	CL	Washington D. C.	(316) 555-0116	Primary Care Phy...	
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[Next](#)

## Create Request.

Cancel Save+ CREATE REQUEST

Member Info.  
Complete

Diagnosis  
Complete

Services  
Complete

Physician  
Not complete

Rendering Prov.  
..

Additional Information  
..

### Add Physician

Health plan for instructions on how to handle this request.

Last Name

First Name

Street Address

Zip Code

City

State

Phone Number

Fax

NPI (Optional)

Tax ID (Optional)

Add PhysicianCancelNext

**+ CREATE REQUEST****Create Request.****Cancel** **Save**Member Info.  
CompleteDiagnosis  
CompleteServices  
CompletePhysician  
Not complete

Rendering Prov.



Additional Information

**Add Physician**

Please contact the member's health plan for instructions on how to handle this request.

Last Name

Phillips

First Name

Eva

Street Address

5171 W Campbell Ave undefined ...

Zip Code

129210

City

Miami

State

Florida

Phone Number

Hello, world.

Fax

Hello, world.

NPI (Optional)

Hello, world.

Tax ID (Optional)

Hello, world.

**Add Physician****Cancel****Next**

+ CREATE REQUEST

Overview

My Tasks

Manage Request

Auth Status

Settings

## Create Request.

[Cancel](#)[Save](#) Member Info.  
Complete Diagnosis  
Complete Services  
Complete04 Physician  
Not complete05 Rendering Prov.  
--06 Additional Information  
--

Name

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**04-05-1976**

### Physician

[Add Physician](#)Find a physician using the search fields below. At **least two fields** must be entered.

Phillips

Eva

NPI

Phone Number

City

State

Zip



NAME	NPI	ZIP	STATE	CITY	PHONE	ACTIONS
Eva Phillips	28193849	06165	MN	Saint Paul	(629) 555-0129	<a href="#">Add</a>

You have created **Eva Phillips** as a new Physician

**Duplicate Physician**

We found potential duplicate entries for the physician information entered. Please select a physician from the below list or confirm the below entered physician information was correct and continue with adding the new physician.

- Eva Lee, 2128 Thornridge Cir undefined Syracuse, Connecticut 35624 United States



## Physicians with Duplicated Entries

Please select the correct physician entry who is going to be used on the request

NAME ▾	ADDRESS	CITY	STATE	ZIP CODE	ACTIONS
Eva Lee	2128 Thornridge Cir	Syracuse	Ct	35624	Select
Eva Lee	2128 Thornridge Cir	Syracuse	Ct	35624	Select
Eva Lee	2128 Thornridge Cir	Syracuse	Ct	35624	Select
Eva Lee	2128 Thornridge Cir	Syracuse	Ct	35624	Select
Eva Lee	2128 Thornridge Cir	Syracuse	Ct	35624	Select
Eva Lee	2128 Thornridge Cir	Syracuse	Ct	35624	Select

✓ PHYSICIAN SELECTED

Select a physician



Continue with the current Physician Entry

Submit

Cancel

**Duplicate Physician**

We found potential duplicate entries for the physician information entered. Please select a physician from the below list or confirm the below entered physician information was correct and continue with adding the new physician.

- Eva Lee, 2128 Thornridge Cir undefined Syracuse, Connecticut 35624 United States

**Physicians with Duplicated Entries**

Please select the correct physician entry who is going to be used on the request

NAME ▾	ADDRESS	CITY	STATE	ZIP CODE	ACTIONS
Eva Lee	2128 Thornridge Cir	Syracuse	Ct	35624	Select
Eva Lee	2128 Thornridge Cir	Syracuse	Ct	35624	Select
Eva Lee	2128 Thornridge Cir	Syracuse	Ct	35624	Select
Eva Lee	2128 Thornridge Cir	Syracuse	Ct	35624	Select
Eva Lee	2128 Thornridge Cir	Syracuse	Ct	35624	Select
Eva Lee	2128 Thornridge Cir	Syracuse	Ct	35624	Select

**✓ PHYSICIAN SELECTED**

Eva Lee      2128 Thornridge Cir      Syracuse      Ct      35624



Continue with the current Physician Entry

**Submit****Cancel**

ACTIONS

Add

**Duplicate Physician**

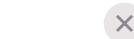
We found potential duplicate entries for the physician information entered. Please select a physician from the below list or confirm the below entered physician information was correct and continue with adding the new physician.

- Eva Lee, 2128 Thornridge Cir undefined Syracuse, Connecticut 35624 United States

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Please select the correct physician entry who is going to be used on the request

NAME ▾	ADDRESS	CITY	STATE	ZIP CODE	ACTIONS
Eva Lee	2128 Thornridge Cir	Syracuse	Ct	35624	Select
Eva Lee	2128 Thornridge Cir	Syracuse	Ct	35624	Select
Eva Lee	2128 Thornridge Cir	Syracuse	Ct	35624	Select
Eva Lee	2128 Thornridge Cir	Syracuse	Ct	35624	Select
Eva Lee	2128 Thornridge Cir	Syracuse	Ct	35624	Select
Eva Lee	2128 Thornridge Cir	Syracuse	Ct	35624	Select

**✓ PHYSICIAN SELECTED**

Eva Lee

2128 Thornridge Cir

Syracuse

Ct

35624



Continue with the current Physician Entry

**Submit****Cancel**

+ CREATE REQUESTOverviewMy TasksManage RequestAuth StatusSettings

## Create Request.

CancelSave✓ Member Info.  
Complete✓ Diagnosis  
Complete✓ Services  
Complete04 Physician  
Not complete05 Rendering Prov.  
--06 Additional Information  
--

Name

Vela Mebarack

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DOB

04-05-1976

### Physician

Add Physician

Find a physician using the search fields below. At **least two fields** must be entered.

Last NameFirst NameNPIPhone NumberWashington D. C.CLZip

**Please update your search**

This search did not retrieve any results.

Next