Metro Plus Health

integrapartners

Telephone: (866) 679-1647
Fax: (212) 908-5185

Integra Partners Utilization Management

METROPLUSHEALTH AUTHORIZATION REQUEST FORM

Date: 05-28-2024

PATIENT INFORMATION:

Full Name: Donald Duck DOB: 02-02-1965

ID #: _____

POLICYHOLDER INFORMATION:

Full Name: Donald Duck DOB: 02-02-1965

ID #: _____

Other Insurance: _____ Is other insurance primary? ☐ Yes ☐ No

ORDERING PHYSICIAN INFORMATION:

Full Name: PTM - NASHVILLE Phone: (615) 912-0641

NPI #: 4262477 Fax: (931) 398-1005

Address: 1811 Charlotte Ave Nashville Charlotte Ave Nashville

City/State: Nashville TN Zip: _____

SERVICING PROVIDER/VENDOR INFORMATION:

Full Name: Hagaman H Martha Phone: (615) 203-8999

NPI #: 1700069861 Fax: (615) 373-1565

Address: 115 E. Park Dr. E. Park Drive Suite 150 Brentwood

City/State: Brentwood TN Zip: _____

Contact Name: Hagaman H Martha Phone: (615) 203-8999

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Patient Name: Donald Duck

Is this an Urgent Request? ☐ Yes ☒ No

If yes, indicate why: ☐ Hospital discharge/SNF ☐ Need within 24 hrs. to avoid serious harm/impairment

Diagnoses: R06.83, G47.33

Was member serviced? ☐ Yes ☐ No If so, indicate date of service: _____

HCPCS Code	Service Description Include Manufacturer Name and Model Number for NOC Services	Quantity	Rental (RR) or Purchase (NU)?	Date of Service Start	Date of Service End
A7035					
A7038					
E0562					
A7030					
A4604					
E0601					

Additional Details (if necessary):

NOTE: Incomplete Authorization Request forms will be returned and may delay the processing of your request.

Thank you.

PRV 22.053

Version 06142022