



# OUTPATIENT AUTHORIZATION FORM

Received by Centene: 2025-04-25 12:16:34 CST

Complete and Fax to 1-844-560-0799

Request for additional units.

Existing Authorization

Units

✓ **Standard requests** - Determination within 14 calendar days of receiving all necessary information.

**Urgent requests** - I certify this request is urgent and medically necessary to treat an injury, illness or condition (not life threatening) within 72 hours to avoid complications and unnecessary suffering or severe pain.

URGENT REQUESTS MUST BE SIGNED BY THE  
PHYSICIAN TO RECEIVE PRIORITY

\* INDICATES REQUIRED FIELD

**MEMBER INFORMATION**

\*Date of Birth

0 8 2 5 1 9 7 6

\*Medicaid/Member ID

U 7 1 3 1 5 3 3 3 0 2

Last Name, First

H A R D I N R E B E C C A

**REQUESTING PROVIDER INFORMATION**

\*Requesting NPI

1 5 7 8 1 7 3 5 5 5

\*Requesting TIN

4 7 4 9 1 4 9 1 7

Requesting Provider Contact Name

A M Y K E L L Y

Requesting Provider Name

A M Y K E L L Y

Phone

8 0 3 7 7 4 9 7 8 7

\*Fax

8 0 3 7 7 4 8 8 9 0

**SERVICING PROVIDER / FACILITY INFORMATION**

Same as Requesting Provider

\*Servicing NPI

1 1 2 4 5 6 6 7 1 6

\*Servicing TIN

5 9 3 7 5 8 0 1 5

Servicing Provider Contact Name

M A R I A G R I F F I N

Servicing Provider/Facility Name

A E R O C A R E

Phone

8 0 3 5 7 2 4 3 9 1

Fax

8 0 3 7 0 1 9 1 1 5

**AUTHORIZATION REQUEST**

\*Primary Procedure Code

E 0 6 0 1

Additional Procedure Code

Additional Procedure Code

E 0 5 6 2

\*Start Date OR Admission Date

0 4 2 5 2 0 2 5

\*Diagnosis Code

G 4 7 3 3

End Date OR Discharge Date

Total Units/Visits/Days

**\*OUTPATIENT SERVICE TYPE**

(Enter the Service type number in the boxes)

4 1 7

422 Biopharmacy  
712 Cochlear Implants & Surgery  
299 Drug Testing  
922 Experimental and Investigational Services  
205 Genetic Testing & Counseling  
249 Home Health  
390 Hospice Services  
290 Hyperbaric Oxygen Therapy  
211 OB Ultrasound  
410 Observation

997 Office Visit/Consult  
210 Orthotics  
794 Outpatient Services  
171 Outpatient Surgery  
202 Pain Management  
147 Prosthetics  
201 Sleep Study  
993 Transplant Evaluation  
209 Transplant Surgery  
724 Transportation

**Behavioral Health**

533 BH Applied Behavioral Analysis  
512 BH Community Based Services  
515 BH Electroconvulsive Therapy  
516 BH Intensive Outpatient Therapy  
510 BH Medical Management  
518 BH Mental Health /Chemical Dependency Observation  
519 BH Outpatient Therapy  
530 BH PHP  
520 BH Professional Fees  
522 BH Psychiatric Evaluation  
521 BH Psychological Testing

**DME**

417 Rental  
120 Purchase

ALL REQUIRED FIELDS MUST BE FILLED IN AS INCOMPLETE FORMS WILL BE REJECTED.  
COPIES OF ALL SUPPORTING CLINICAL INFORMATION ARE REQUIRED. LACK OF CLINICAL INFORMATION MAY RESULT IN DELAYED DETERMINATION.

**Disclaimer:** An authorization is not a guarantee of payment. Member must be eligible at the time services are rendered. Services must be a covered Health Plan Benefit and medically necessary with prior authorization as per Plan policy and procedures.

**Confidentiality:** The information contained in this transmission is confidential and may be protected under the Health Insurance Portability and Accountability Act of 1996. If you are not the intended recipient any use, distribution, or copying is strictly prohibited. If you have received this facsimile in error, please notify us immediately and destroy this document.

Rev. 03/26/2019

ES-PAF-1419

AMR19-SC-P-03262019-2

04/25/2025 12:17PM (GMT-05:00)

2025-04-25 13:08 EDT -

Received by Centene: 2025-04-25 12:16:34 CST

Fax From: 803-701-9115

+18689700652 PAGE 1/19  
**adapthealth**

Fax to: 844-560-0799  
Notification: maria.griffin@adapthealth.com

Location: 61504 - Camden, SC

Recipient:

Message: Hardin, Rebecca



04/25/2025 12:17PM (GMT-05:00)

2025-04-25 13:08 EDT -

2025/04/25 08:40:41

+18889700652 PAGE 10/19

Received by Centene: 2025-04-25 12:16:34 CST

Received  
zzzAR Camden - 53006  
Received via Fax  
Electronically Stamped

**Prisma Health Pulmonology - Sumter**  
**115 N Sumter St Suite 315**  
**SUMTER SC 29150**  
**Phone: 803-774-9787**  
**Fax: 803-774-9781**

<b>Patient:</b> Rebecca Hardin	<b>MRN:</b> 976457669
2045 LLOYD DR	<b>DOB:</b> 8/25/1976
SUMTER SC 29154-9233	<b>SSN:</b> xxx-xx-9971
<b>Phone:</b> 803-607-6918	<b>Sex:</b> F
<b>Vitals:</b>	
04/24/25 1505	
<b>Weight</b> 136 kg (300 lb)	
.	

INSURANCE	PAYOR	PLAN	GROUP #	SUBSCRIBER ID
<b>Primary:</b>	AMBETTER EXCHANGE-ALL STATES CONTRACTED	412101		U7131533302

<b>Order:</b> CPAP Compliance Download CPAP COMPLIANCE DOWNLOAD (Order ID: 708800217)
<b>Diagnosis:</b> Obstructive sleep apnea (G47.33)
<b>Quantity:</b> 1
<b>Dispense:</b> ****
<b>Refill:</b> ****
<b>Order Date:</b> Apr 24, 2025

Obtain when? Obtain since (specify in comments) (60 days.-Aero care)

Dispense As Written:

Substitution Permitted:

Electronically Signed: Kelly, Amy Diane, NP  
NPI: 1578173555 DEA: MK6112560 Apr 24, 2025 3:48 PM

04/25/2025 12:17PM (GMT-05:00)

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INSURANCE	PAYOR	PLAN	GROUP #	SUBSCRIBER ID
<b>Primary:</b>	AMBETTER EXCHANGE-ALL STATES CONTRACTED	412101		U7131533302

<b>Order:</b> PAP Supplies PAP SUPPLIES (Order ID: 708800218)
<b>Diagnosis:</b> Obstructive sleep apnea (G47.33)
<b>Quantity:</b> 1
<b>Dispense:</b> ****
<b>Refill:</b> ****
<b>Order Date:</b> Apr 24, 2025

CPAP mask and all supplies  
Length of Need: 99  
Tubing: Yes  
Tubing type: DME choice  
Tubing HCPCS Code: Generic (A7037)  
Tubing HCPCS Code: Heated (A4604)  
Filters: Disposable (A7038)  
Chin Strap: No

Dispense As Written: \_\_\_\_\_

Substitution Permitted: \_\_\_\_\_

Electronically Signed: Kelly, Amy Diane, NP  
NPI: 1578173555 DEA: MK6112560 Apr 24, 2025 3:48 PM