



Authorization Request Form

Authorization request form



To request an authorization complete this form, attach relevant clinical info, and fax it to **844-965-9053**.

What is this form for?

- ✓ Pre-service, in-network medical auths that are reviewed by Oscar (not partner) staff
- ✓ Concurrent or post-service auth for ER to inpatient admission

What is this form **not** for? (for any of these, call 855-OSCAR-55 or visit provider.hioscar.com)

- ✗ Requests where the physician or facility is out of network
- ✗ Auth for services reviewed by one of our partners, or to find out what requires auth
- ✗ Help finding an in-network provider or facility

Request submitted by (and how we can reach you)

Your name (first & last)	Phone & ext.	Fax

Patient

Name (first & last)	DOB	ID #
		OSC

Physician

Name (first & last)	NPI	TIN

Service Type (please select one)

- ☐ Non-Surgical Ambulatory Services
- ☐ Vendor Provided Services
- ☐ Elective Surgical Procedures
- ☐ Emergent Admissions
- ☐ Transportation
- ☐ Long Term Acute Care Facility
- ☐ Specialized Facility Stays
- ☐ Other

Place of Service (please select one)

- ☐ Ambulatory Surgical Center
- ☐ Inpatient - General Acute
- ☐ Skilled Nursing Facility
- ☐ Acute Rehabilitation Facility
- ☐ Home
- ☐ Office
- ☐ Observation Care
- ☐ Outpatient Hospital

Facility (if applicable)

Facility name & address	NPI	TIN

Dates

Request is (check one): ☐ Pre-service ☐ Concurrent ☐ Post-service

Service start or admit date	Service end or discharge date

Service

Include units and/or visits (if applicable)

Procedure code(s) CPT/HCPCS/Revenue	
Diagnosis code(s) ICD-10	

Notes (include your request # if for an existing case):

Fax this form to **844-965-9053** - include clinical information for fastest response

☐ Please select if expedited (urgent) processing required