Precertification Request

To prevent delays in processing your request, please submit all appropriate clinical information, provider contact information and any other required documents to support your request. If this is a request for an extension or modification of an existing authorization from Simply Healthcare Plans, Inc. and Clear Health Alliance (Simply), please provide the authorization number with your submission. To ask a question or submit your precertification request, use the following contact information or submit the request online via **https://www.availity.com**.

Statewide Medicaid Managed Care Managed Medical Assistance, Clear Health Alliance and Florida Healthy Kids:

- Phone: **1-844-405-4296**
- Fax: **1-800-964-3627**

Statewide Medicaid Managed Care Long-Term Care (SMMC LTC):

- Phone: **1-877-440-3738**
- Fax: **1-888-762-3220**

Date:	Provider return fax:
Member information	
Name:	Simply ID:
Phone:	DOB:
Address:	Additional member information:
	Previous authorization #:
Referring provider: ☐ Participating ☐ Nonparticipating	
Name:	NPI:
Provider ID:	TIN:
Office contact name:	Office phone:
Office fax:	Address:
Specialty:	
Servicing provider: ☐ Participating ☐ Nonparticipating	
Name:	NPI:
Provider ID:	TIN:
Office contact name:	Office phone:
Office fax:	Address:
Servicing facility: ☐ Participating ☐ Nonparticipating	
Name:	NPI:
Provider ID:	TIN:
Facility contact name:	Facility phone:

Facility fax:	Address:
Requested service	**Date/date range of service:**
ICD-10-CM code(s):	CPT® code(s) (include requested units):

Type of service (check all that apply): ☐ Outpatient ☐ Planned inpatient ☐ Emergent inpatient
☐ Skilled nursing facility ☐ Long-term services and supports/long-term care ☐ Home health
☐ Durable medical equipment ☐ Diagnostic study ☐ Hospice ☐ Office visit ☐ Personal care services
☐ Other:

Place of service: ☐ Hospital ☐ Ambulatory surgery center ☐ Office ☐ Home ☐ Independent lab
☐ Nursing facility ☐ Other:

Additional information

☐ Emergent — use for **all** nonelective **inpatient** admissions only, when provider indicates that the admission
   was urgent, emergent or expedited (for admission on same day).
☐ Urgent — use for **outpatient** services only, when provider indicates that the service is urgent, emergent
   or expedited.
☐ New service request (SMMC LTC only)
☐ Authorization renewal (SMMC LTC only)