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Request Form for Authorizations & Referrals

Thank you for taking the time to fill out this Authorizations & Referrals Request Form. Please follow all instructions below.

If you have any questions, contact an Author by Humana Provider Navigator at 1-833-502-2013 from 8 AM to 5 PM Eastern time, Monday through Friday.

Instructions:

- Please complete all fields on this form before submitting.
- Attach clinical documentation (medical records, progress notes, lab reports, radiology studies, etc.), if needed. For further supporting guidance, visit www.CMS.gov or consult the Prior Authorization List.
- Submit this form and any accompanying documents by fax to 1-833-301-1006.

Notes:

- You have the option of submitting authorizations and referral requests electronically via the Availity Portal.
- If you believe this request is urgent (for example, if the patient needs a same-day appointment), contact the Provider Navigator line about filing an expedited request.

Date	
▢ Check here if you are faxing clinical documentation along with this form.	

PATIENT DETAILS

First Name	
Last Name	
Member ID #	
Date of Birth	
Zip Code	

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REQUESTING PROVIDER CONTACT DETAILS

Contact Person	
Date	
Requesting Provider	
Phone Number	
Fax Number	
NPI or Tax ID	

☐ Check here if the requesting provider, performing provider, and facility details are all the same.

PERFORMING PROVIDER DETAILS

Name of Treating Physician	
Physician's NPI or Tax ID	
Physician's Phone Number	
Physician's Fax Number	

FACILITY DETAILS

Name of Facility	
Facility's NPI or Tax ID	
Facility's Phone Number	
Facility's Fax Number	

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SERVICE REQUEST DETAILS

▢ New Request ▢ Updated Request	
Authorization Number (For updates only)	

▢ Inpatient	
Admission Date	
Admission Type	▢ Advanced Coverage Determination ▢ Claim Pending ▢ Predetermination ▢ Pre-service ▢ Provider Dispute & Retrospective
Bed Type	▢ ER ▢ Non-ER ▢ SNF ▢ Rehab ▢ LTAC ▢ Other
Discharge Date	
Discharge to	
Diagnosis Code(s)	
CPT/HCPC Code(s)	
Description of Code(s)	

▢ Outpatient	
First Date	
Last Date	
▢ Evaluate and Treat ▢ Observation ▢ Diagnostic Testing ▢ Surgery ▢ Home Health/Hospice ▢ DME Rental ▢ DME Purchase ▢ Other: _____	
Description of Diagnosis	
Number of Visits/Units	
Diagnosis Code(s)	
CPT/HCPC Code(s)	
Description of Code(s)	

This form does not guarantee payment by Humana Inc. Responsibility for payment is subject to membership eligibility, benefit limitations, and interpretation of benefits under applicable subrogation and coordination-of-benefits rules. For any other services, it will be necessary to obtain an additional authorization.