

Prior Authorization Waiver Approval Service Form

FYI Incomplete, illegible or inaccurate forms will be returned to sender. Please complete the entire form. Do not use this form is reducing currently approved EW services. Please complete the EW DTR Form.



Fax form and any relevant clinical documentation to: 612-884-2185 or 1-866-402-5018.

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For questions, **call**: **612-676-6705** or **1-877-447-4384**.

PATIENT INFORMATION	Member Name	PMI Date of Birth Gender: Female Male
ORDERING INFORMATION	Ordering Care Manager Ordering Care Manager Phone	Email

	SERVICE AGREEMENT	
	Service Description	
	Start Date	Frequency
	End Date	Total Units
S/ ES/ STED	Rate Per Unit – if negotiated Total Amount per	Date Span - CDCS only
/ICE	Provider Name	_ EW NPI/Legacy #
SERV COCE IS RE	Provider Phone	_ Fax
TEM PR	Please provide an explanation of your request (If adjusting authorization due to case mix change required. For all other changes to existing authorizations, specific details are required.)	

Prior Authorization – Waiver Approval Service Form (continued)

	SERVICE AGREEMENT		
	Service Description		
	Start Date	Frequency	
	End Date	Total Units	
S/ ES/ STEC	Rate Per Unit – if negotiated	Total Amount per Date Span - CDCS only	
SERVICES, COCEDURE IS REQUES	Provider Name	EW NPI/Legacy #	
SERVICES/ PROCEDURES/ EMS REQUESTE	Provider Phone	Fax	
P	Please provide an explanation of your request (If adjusting authorization due to case mix change, DTR is required. For all other changes to existing authorizations, specific details are required.)		
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Notes:

T2029 – Supplies/Equipment: please refer to EOC. *This approval form does not guarantee payment; benefits are subject to eligibility at the time* service is being rendered.