MIAMI CHILDREN'S HEALTH PLAN℠
Florida's Family Health Plan

UM Department Phone #: 844-824-8768
UM Fax Inpatient/Concurrent #: 888-501-6256
UM Fax Outpatient #: 888-518-5333

Requestor's Contact Name:	Requestor's Contact #:

Patient Information:

*Name:	*DOB:
*Patient ID #:	*Patient Phone #:
*Service Is: ☐ Elective / Routine	☐ Expedited / Urgent

Note: Selected Expedited/ Urgent to prevent serious deterioration in health or jeopardize ability to regain maximum function.

(For Claim Denial or Prior Authorization Denial, please submit an Appeal through Customer Service at 1-844-243-5188)

***Service Type Requested:** Please review plans benefit prior to request

Inpatient	Outpatient	Other
☐ Emergent Inpatient	☐ Surgical Procedure	☐ Home Health /Skilled Services (SN/PT/OT/SP)
☐ Concurrent Review	☐ Physical Therapy	☐ Private Duty Nursing (see PDN specific form)
☐ Observation Stay >48 hrs	☐ Occupational Therapy	☐ DME
☐ Surgical Procedures	☐ Speech Therapy	☐ Hearing Aids
☐ Elective Admission	☐ Massage Therapy	☐ Prosthetics/Orthotics
☐ Skilled Nursing Facility	☐ Chemotherapy	☐ Transportation / Transfers
☐ Long-Term Acute Care	☐ Imaging	☐ Air Ambulance
☐ Acute Rehab	☐ Sleep Study	☐ Genetic Testing
☐ Maternity	☐ Pain Management	☐ Other: _____
☐ NICU Stay	☐ Pre/Post Transplant Service	
☐ Hospice		
☐ Transplant		
☐ Nursing Home Care		

Procedure Information:

*ICD 10 Diagnosis:	Diagnosis Description:
*CPT/HCPC Code & Description *(Include Unit of Measure / Frequency for supplies):*	
*Date(s) of Service:	# of Units or Visits:

Provider Information:

Requesting Provider	Is this the patient's Primary Care Physician? ☐ Yes ☐ No	
*Name:	*NPI	TIN:
*Phone:	*Fax	
*Address:		

Rendering Provider If Requesting and Rendering providers differ, complete section below	☐ Same as the Requesting Provider	
*Name:	*NPI	*TIN:
*Phone:	*Fax	
*Address:		

Facility	☐ N/A	
*Name:	*NPI	*TIN:
*Phone	*Fax	
*Address		

Request for extension to existing authorization number:

PLEASE COMPETE ALL SECTIONS WITH AN ASTRICK AND ATTACH CLINICAL NOTES/SUMMARY TO SUPPORT MEDICAL NECESSITY.
INCOMPLETE INFORMAITON MAY DELAY THE PROCESS.

Always verify eligibility, benefits and prior authorization requirements