

PRIOR NOTIFICATION REQUEST

Please see the Advanced Notification Grid (located at :(www.uhccommunityplan.com) for services that need an authorization.

If Member has UnitedHealthcare Medicare or Commercial as primary please call Intake at 877 842-3210

United Healthcare Community Plan Only members require a Prior authorization for all services from a Non-contracted Provider
 All Elective Inpatient requests require a prior notification.
 *****Member eligibility must be determined on date(s) of service*****

Prior Auth. for **Pharmacy** call , at 1-800-310-6826
 For **Dental** requests visit www.uhcproviders.com To check the status of a dental request, call 1-877-408-0159
 For **Hearing Aids** call **EPIC** 1 866 956 5400

Type of Request

- Urgent (72 hours) – Implies immediate risk to member’s well being
- Routine (14 calendar days)
- Outpatient Services
- Inpatient Elective Services

UHC UM Phone 1-888-702-2202

UHC Community Plan Fax 1-866-968-7582

Patient Information Date of Request: _____

Patient’s Last Name_ _____ First Name_ _____

DOB _____ (NM Medicaid) ID# _____

Requesting Provider Information

Provider Name _____ Phone _____ Fax _____

Provider Address _____ Specialty _____

Tax ID _____

Referred To:

Provider Name _____ Phone _____ Fax _____

Provider Address _____ Specialty _____ Tax ID _____

If Outpatient Procedure or Elective Inpatient, Name of Facility _____
 Procedure/Surgery _____
 Description _____

Diagnosis Description _____

DX Codes _____ **(Must be completed)**

Dates of Service From: _____ **To:** _____

Service code: (CPT), (HCPC), (Procedure Code) ** *DME requires submission of billing quote and records ***

Code		# of Units or # of visits			Code		# of Units or # of visits
Code		# of Units or # of visits			Code		# of Units or # of visits
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Completed By: _____ **Phone** _____ **Fax** _____