Prior Authorization Request

For Skilled Nursing and Inpatient Rehabilitation Facility

All Skilled Nursing requests require prior authorization for service(s) to be rendered.

Instructions for Completing this Request

Submit this completed form to MVP Health Care® via email to **authorizationrequest@mvphealthcare.com** or fax it to **1-866-942-7826**. All supporting medical documentation and/or any additional pertinent information should be included when submitting this form.

Payment for services/items dispensed will be denied when prior authorization is not obtained. The Member may not be billed under these circumstances.

Section 1: MVP Member Information

*(*Required Information)*

Member Name*

Date of Birth*

MVP Member ID No.*

Vermont Resident?* ☐ **Yes** ☐ **No**

Section 2: Facility and Physician Information

*(*Required Information)*

Servicing Facility*

Tax ID No.

NPI

Office Street Address*

City*

State*

Zip Code*

Contact Name*

Phone No. ( )

Fax No. ( )

Requesting/Attending Physician Name

Tax ID No.

NPI

Office Street Address*

City*

State*

Zip Code*

Phone No.* ( )

Fax No.* ( )

Section 3: Diagnosis Information

Diagnosis*

Existing Reference No. *(if any)*

Service Requested*

☐ **Skilled Nursing Facility** ☐ **Inpatient Rehab Facility**

Special Notes