CENTERS PLAN FOR HEALTHY LIVING
75 Vanderbilt Avenue Staten Island NY 10304 1-844-CPHL-CARES www.centersplan.com

# SERVICE AUTHORIZATION REQUEST FORM

**Please submit this form AND all required supporting documentation**
via email (UM@centersplan.com) or fax (718-581-5522).
If you have any questions, please email or call (1-844-292-4211; Press 1).

**Request Type**: ☐ Standard ☐ Expedited*
*Expedited indicates standard timeframes would seriously jeopardize life/health or ability to attain/regain maximum functioning.

| PROVIDER INFORMATION | |
|---|---|
| **Provider** Name: | CPHL Provider ID: |
| Phone: | Fax: |
| **Vendor/Facility** Name: | CPHL Provider ID: |
| Address: | |
| Phone: | Fax: |
| **Contact** Name (if applicable): | |
| Phone: | Fax: |

| MEMBER INFORMATION | |
|---|---|
| **CPHL Member** Name: | Member CPHL ID: |
| Address: | |
| Phone: | Date of Birth: |
| **ICD Diagnosis Code(s)**: | |

**SERVICE/PROCEDURE INFORMATION**

**Service Location:** ☐ MD Office ☐ Member's Home ☐ Lab/Diagnostic Facility ☐ Skilled Nursing Facility ☐ Outpatient at Hospital/Ambulatory Surgery Center ☐ Inpatient at Hospital

| CPT/HCPCS Code(s): | Units: |
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**Comments**:

Providers are responsible for obtaining authorization for their services according to guidelines set forth in the CPHL Provider Manual.
Failure to obtain prior approval where necessary may result in denial of payment.