Precertification Request

To prevent delays in processing your request, please submit all appropriate clinical information, provider contact information and any other required documents to support your request. If this is a request for an extension or modification of an existing authorization from Simply Healthcare Plans, Inc. and Clear Health Alliance (Simply), please provide the authorization number with your submission. For questions or to submit your request, use the following:

- Statewide Medicare Managed Care Managed Medical Assistance — prior authorization (PA) phone: **1-844-405-4297**; PA fax: **1-866-959-1537**
- Statewide Medicare Managed Care Long-Term Care —PA fax: **1-888-762-3220**

Date:	Provider return fax:
Member information	
Name:	Simply ID:
Phone:	DOB:
Address:	Additional member information:
Referring provider ☐ **Participating** ☐ **Nonparticipating**	
Name:	NPI:
Provider ID:	TIN:
Office contact name:	Office phone:
Office fax:	Address:
Specialty:	
Servicing provider ☐ **Participating** ☐ **Nonparticipating**	
Name:	NPI:
Provider ID:	TIN:
Office contact name:	Office phone:
Office fax:	Address:
Servicing facility ☐ **Participating** ☐ **Nonparticipating**	
Name:	NPI:
Provider ID:	TIN:
Facility contact name:	Facility phone:
Facility fax:	Address:
Requested service	Date/date range of service:
ICD-10 code(s):	CPT code(s) (include requested units):
Type of service (check all that apply): ☐ Outpatient ☐ Planned inpatient ☐ Emergent inpatient ☐ Skilled nursing facility ☐ Long-term services and supports/long-term care ☐ Home health ☐ Durable medical equipment ☐ Diagnostic study ☐ Hospice ☐ Office visit ☐ Personal care services ☐ Other:	
Place of service: ☐ Hospital ☐ Ambulatory surgery center ☐ Office ☐ Home ☐ Independent lab ☐ Nursing facility ☐ Other:	
Additional information	
☐ Emergent — use for **all** nonelective **inpatient** admissions only, when provider indicates that the admission was urgent, emergent or expedited (for admission on same day). ☐ Urgent — use for **outpatient** services only, when provider indicates that the service is urgent, emergent or expedited.	