## PRIOR AUTHORIZATION FORM TENNESSEE /N GEORGIA/N MISSISSIPP



## PLEASE FAX THIS FORM ALONG WITH REQUIRED INFORMATION TO: 866-287-5834 or 615-291-7545 Questions? Call 800-456-4464 or 615-291-7010 Option 4

Request Type	Standard Request X			Expedited Request		
CMS allows up to 14 days to complete			te, our g	al Please Read if Expedited Request: By		
is 5-7 business days.  Date: Retro Request.				signing below, I certify that waiting for a		
Pate: Retro Request				decision under the standard time frame		
	Datus Daguasta maritalia un ta 20 dava			could place the enrollee's life, health, or ability to regain maximum function in		
	<b>Retro</b> Requests may take up to 30 day review.			serious jeopardy. Expedited Requests		
	If you have received a denied claim-			(=0.1		
	submit clinical information through		ı appeal			
Please list Retro dates of service:				Signature:		
Member Name:				Requesting Provider: Med Stat Ambulance, LLC		
Manula au ID#						
Member ID#:			NPI#: 1649510918			
DOB:			Contact Name: James Sherer			
			Phone	Phone: 615-504-0739 Fax: 1-931-321-2008		
Date of Service: Facility/Place of Service: Med Stat. A			ervice: mbulance, LLC		Facility/Place of Service NPI: 1649510918	
Diagnosis (incl. codes):						
Zinginosio (inter conces).						
Inpatient: Elective Medical Elective Surgical						
Outpatient: Ambulance Transport X Surgery Therapy (PT/OT) WoundCare Imaging Imaging						
output on This and the Transport burgery Therapy (11/01) wound out maging						
Part B Medications						
Please use the Cigna-HealthSpring DME form for DURABLE MEDICAL EQUIPMENT Requests						
Service/Procedure:				Quantity Requested:		
A0425				Qualitity Requesteu:		
A0428				1		
CPT Code(s):				1		
cr i cone(s):						
Part B Medications-Medication to be supplied by physician stock or picked up at pharmacy?						
Part B Medication:				Comments:		
Dosage:						
Frequency: Date of Service: FROM TO						
Dute 01 501 vice. 1 NOVI						

\*Please attach any RELEVANT CLINICAL INFORMATION or office notes for review including pertinent history, symptoms, diagnostics, labs, treatment plan, etc.

If you need assistance in locating a PAR Facility or Provider, please call Provider Services at 866-952-7596 or visit our website at <a href="http://www.cignahealthspring.com/">http://www.cignahealthspring.com/</a> to use the Provider Search Tool.