

McLaren Medicare Advantage Plans
Prior Authorization Request Form

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| McLaren Health Plan Medicare <ul style="list-style-type: none"> • Inspire • InspirePlus • InspireFlex • InspireDuals | Member Services | PHONE: 833-358-2404 |
| | Inpatient PA Request | FAX: 855-331-8384 |
| | General PA Request | FAX: 855-377-3653 |
| | Email | MedicarePriorAuthorization@mclaren.org |
| | PA Portal | https://secure.healthx.com/mclaren.provider |

PLEASE COMPLETE ALL APPROPRIATE FIELDS

Check if Urgent/Expedited:

| Patient Information | | Requesting Provider Information | |
|---|----------------------|--------------------------------------|-------------------------------------|
| Member Medicare ID Number: | | Requesting Provider NPI/Provider ID: | |
| Date of Birth: | | Taxonomy: | |
| Patient Name: | | Tax ID: | |
| Patient/Guardian Phone: | | Provider Name: | |
| Medical Diagnosis (Use of ICD Diagnostic Code is Required) | | Rendering Provider Information | |
| DX 1: | DX 2: | DX 3: | Rendering Provider NPI/Provider ID: |
| Please Check the Requested Assignment Category Below: | | | Tax ID: |
| | | | Name: |
| DME: Purchased Rented | Occupational Therapy | Address: | |
| | Outpatient | City/State/ZIP Code: | |
| | Physical Therapy | Phone: | |
| Home Health | Speech Therapy | Fax: | |
| Hospice | Transportation | Preparer's Information | |
| Inpatient | Other | Name: | |
| Observation | | Phone: | |
| Office Visit | | Fax: | |

| Date of Service | | Procedure/ Service Codes | Modifiers | | Service Description | Place of Service (POS) | Units/Days |
|-----------------|------|-----------------------------|-----------|--|------------------------|---------------------------|------------|
| Start | Stop | | | | | | |
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