Authorization Request Form

Please complete this form, attach relevant clinical information, and fax to (844) 965-9053.
For faster submission, and to check status, complete this form on provider.hioscar.com

AdventHealth
Advantage Plans
Underwritten by Health First Commercial Plans

Member information

First name	Last name
Date of birth	Member osc#

Requestor information

First name	Last name
Phone number (+ ext.)	Fax number

Provider information

Attending Provider NPI	Attending Provider TIN
Attending provider full name	

Referring Provider NPI	Referring Provider TIN
Referring provider full name	

Facility information (if applicable)

Facility NPI	Facility TIN
Facility name	
Facility street address	
Facility city, state, zip	

Dates of service

Requested start date (MM/DD/YY)	
Requested end date (MM/DD/YY)	
Number of requested days (inpatient only)	

Select one

○ **Pre-Service**: prior to the start of care or admission

○ **Concurrent**: during ongoing course of treatment or admission

○ **Post-Service**: after treatment provided or discharge

Inpatient service information

Service type
- Emergency Admission
- Direct Hospital Admission
- Post-Acute Inpatient Admission
- Elective Surgical & Non-Surgical Services

Place of service
- Hospital
- Hospital - Neonatal ICU
- Skilled Nursing Facility (SAR)
- Acute Rehabilitation Unit (ARU)
- Long Term Acute Care Hospital (LTACH)
- Inpatient Hospice

Outpatient service information

Service type
- Imaging Services
- Home Health Care
- Durable Medical Equipment*
- Non-Emergent Transportation
- Physician-Administered Specialty Drugs
- Laboratory Services
- Elective Surgical & Non-Surgical Services

Place of service
- Outpatient Imaging Center
- Hospital
- Physicians Office
- Home
- Ground Ambulance
- Air Ambulance
- Ambulatory Surgical Center
- Ambulatory Infusion Center
- Lab

*If submitting for DME, please indicate:
- Physician Buy & Bill
- Vendor Supplied

Procedures

Procedure code	Type (unit or visit)	Quantity
Procedure code	Type (unit or visit)	Quantity
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Diagnosis codes

ICD 10

Existing Case

Case number (e.g. AECISTB8)

☐ Expedite this request: appropriate if member is suffering from a condition that may seriously jeopardize their health, life, or ability to regain maximum function, or if they are undergoing a concurrent course of treatment.