Cleveland Clinic

Cleveland Clinic/Akron General
EHP Medical Management
Fax: 216-442-5791
Phone: 216-986-1050/Toll Free: 888-246-6648

MEDICAL MANAGEMENT PRIOR APPROVAL REQUEST

Please attach this cover sheet to the medical records that support the request. Completion of this form does not guarantee approval. Requests are reviewed based on provided information. Decisions will be faxed to the requesting provider.

PATIENT INFORMATION			
PATIENT NAME (LAST, FIRST):			DOB (MM/DD/YYYY):
ID #: EHP_____			
REQUESTER/TITLE:		PHONE NUMBER:	
		FAX NUMBER:	
PROCEDURE/SERVICES REQUESTED			
INPT SERVICES:			
ACUTE _____ SNF _____ REHAB _____ LTAC _____		LAB/S _____ IMAGING _____ DME _____	HOME HEALTHCARE _____ APPEAL _____ OTHER _____
DOS:		SERVICE DECRIPTION:	
CPT/HCPCS CODE(S):		DIAGNOSIS CODES:	
AUTH EXTENSION			
AUTH #:_____		NEW DOS:	
PROVIDER INFORMATION			
PROVIDER NAME (LAST, FIRST):			
TIN #:			
MAILING ADDRESS:			

Confidential PHI-Please include a Cover Sheet