



Cleveland Clinic/Akron General

EHP Medical Management

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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 _____		HOME HEALTHCARE _____
SNF _____	LAB/S _____	APPEAL _____
REHAB _____	IMAGING _____	OTHER _____
LTAC _____	DME _____	
DOS:	SERVICE DESCRIPTION:	
CPT/HCPCS CODE(S):	DIAGNOSIS CODES:	
AUTH EXTENSION		
AUTH #: _____	NEW DOS:	
PROVIDER INFORMATION		
PROVIDER NAME (LAST, FIRST):		
TIN #:		
MAILING ADDRESS:		