Optum

Cover sheet

Submit request and clinical documentation to:

providers.optumcaremw.com

If portal assistance is needed, please reach out to: Optum Pro portal support
844-696-7886

If unable to utilize Pro Portal, please contact Utilization Management at: 877-778-4108

Requestor: _____

Requestor Email: _____

Phone & Ext: _____

Fax: _____

☐ Routine

☐ Urgent

Urgent is defined as a medical or behavioral health condition manifesting itself by acute symptoms of sufficient severity such that if services are not received within the required review time frame, the person's situation is likely to deteriorate to the point that emergent services are necessary.

Patient name: _____ DOB: _____

Insurance ID: _____ ☐ Medicaid ☐ Medicare

Requesting provider (* Required fields)

*Name: _____

*Tax ID: _____

NPI: _____

*Address: _____

*Phone: _____ * Fax: _____

PCP: ☐ Same as above
Name:

Servicing provider

Name: _____

Tax ID: _____

NPI: _____

Address: _____

Phone: _____ Fax: _____

Type of service:

☐ Inpatient (Acute)

☐ SNF (Skilled Nursing Facility)

☐ LTAC (Long Term Acute Rehab)

☐ AIR (Acute Inpatient Rehab)

☐ Notification of Admission (to SNF, LTAC, or AIR)

Date of Admission: _____

Servicing facility (* Required fields)

*Name: _____

*Tax ID: _____

NPI: _____

*Address: _____

*Phone: _____

*Fax: _____

Must attach supporting clinical information
(e.g., plan of care, medical records, lab reports, letter of medical necessity, progress notes, etc.)

Diagnosis description: _____

ICD-10 code(s): _____

Comments: _____

If out-of-network request, provide reason: _____

This authorization is not a guarantee of payment. Payment is contingent upon eligibility, benefits available at the time the service is rendered, contractual terms, limitations, exclusions, and coordination of benefits, and other terms & conditions set forth in the member's Evidence of Coverage.

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