Molina Healthcare of Michigan
Medicaid, MIChild and Medicare Prior Authorization Request Form

Phone: (888) 898-7969
Medicaid Fax: (800) 594-7404 / **Medicare Fax:** (888) 295-7665
Radiology, NICU, and Transplant Authorizations: Phone: (855) 714-2415 / **Fax:** (877) 731-7218

MEMBER INFORMATION					
Plan:	☐ **Molina Medicaid**	☐ **Molina Medicare**	☐ **MIChild**	☐ **Other:**	
Member Name:			**DOB:**	/ /	
Member ID#:			**Phone:**	( ) -	
Service Type:	☐ Elective/Routine		☐ Expedited/Urgent*		

***Definition of Urgent / Expedited service request designation is when the treatment requested is required to prevent serious deterioration in the member's health or could jeopardize the enrollee's ability to regain maximum function. Requests outside of this definition should be submitted as routine/non-urgent.**

	Referral/Service Type Requested		
Inpatient ☐ Surgical procedures ☐ ER Admits ☐ SNF ☐ Rehab ☐ LTAC	**Outpatient** ☐ Surgical Procedure ☐ Diagnostic Procedure ☐ Wound Care ☐ Other: ☐ Rehab (PT, OT, & ST) ☐ Chiropractic ☐ Infusion Therapy		☐ **Home Health** ☐ **DME** ☐ **In Office**
Diagnosis Code & Description:			
CPT/HCPC Code & Description:			
Number of visits requested:		DOS From: / / to / /	

Please send clinical notes and any supporting documentation

PROVIDER INFORMATION			
Requesting Provider Name:			
Facility Providing Service:			
Rendering Facility Tax ID #:			
Rendering Facility Address:			
Contact at Requesting Provider's office:			
Phone Number:	( ) -	Fax Number:	( ) -
For Molina Use Only:			