

Prior Authorization Request

For Skilled Nursing and Acute Inpatient Rehabilitation



All Skilled Nursing requests require prior authorization to be rendered.

Submit this completed form to authorizationrequest@mvphealthcare.com or you can fax it to 1-866-942-7826. For MVP Medicare Advantage Plan Members, you will need to fax the completed form to 1-866-683-6976. All supporting medical documentation and/or any additional pertinent information should be included when submitting this form.

Section 1: MVP Member Information

(*Required)

Member Name*	Date of Birth*	MVP Member ID No.*	
Is this Request a clinical emergency?* <input type="checkbox"/> Yes <input type="checkbox"/> No			

Section 2: Facility and Physician Information

(*Required)

Servicing Facility*		Tax ID No.*	
Office Street Address*	City*	State*	Zip Code*
Contact Name*	Phone No.*	Fax No.*	
Requesting/Attending Physician Name		NPI/Tax ID No.	
Office Street Address*	City*	State*	Zip Code*
Phone No.*	Fax No.		

Section 3: Diagnosis Information

(*Required)

Diagnosis*	Existing Reference Number (if any)
Service Requested*	
Special Notes	

Payment for services/items dispensed will be denied when prior authorization is not obtained. The Member may not be billed under these circumstances.