

Health
First Health Plans



Authorization Request Form



Authorization request form

To request an authorization complete this form, attach relevant clinical info, and fax it to **1.833.554.9046**.

What is this form for?

Pre-service, in-network medical auths that are reviewed by Oscar (not partner) staff

Concurrent or post-service auth for ER to inpatient admission

What is this form not for? *(for any of these, call Health First Health Plans – 1.844.522.5282 / AdventHealth Advantage Plans – 844.522.5278 or visit myHFHP.org/4providers/ / myAHplan.com/4providers/)*

Requests where the physician or facility is out of network

Auth for services reviewed by one of our partners, or to find out what requires auth

Help finding an in-network provider or facility

Request submitted by (and how we can reach you)

Your name (first & last)	Phone & ext.	Fax

Patient

Name (first & last)	DOB	ID #
		OSC

Physician

Name (first & last)	NPI	TIN

Service Type (please select one)

- Non-Surgical Ambulatory Services
- Vendor Provided Services
- Elective Surgical Procedures
- Emergent Admissions
- Transportation
- Long Term Acute Care Facility
- Specialized Facility Stays
- Other

Place of Service (please select one)

- Ambulatory Surgical Center
- Inpatient - General Acute
- Skilled Nursing Facility
- Acute Rehabilitation Facility
- Home
- Office
- Observation Care
- Outpatient Hospital

Facility (if applicable)

Facility name & address	NPI	TIN

Dates

Request is (check one): Pre-service Concurrent Post-service

Service start or admit date	Service end or discharge date

Service

Include units and/or visits (if applicable)

Procedure code(s) CPT/HCPCS/Revenue	
Diagnosis code(s) ICD-10	

Notes (include your request # if for an existing case):

Fax this form to **1.833.554.9046** - include clinical information for fastest response

- Please select if expedited (urgent) processing required