



Indiana ProHealth Network, LLC
dba Community Health Direct
Benefits information 317-621-7565
Fax for PA submission 317-621-7984
Telephone: (317) 621-7575 (800) 344-8672

PLEASE PRINT OR TYPE ALL INFORMATION.

ALL PA REQUESTS MUST BE SUBMITTED WITH A COMPLETE FORM (ALL FIELDS FILLED IN) AND SUPPORTING CLINICAL DOCUMENTATION. INCOMPLETE REQUESTS CANNOT BE PROCESSED. PLEASE NOTE URGENT TIMEFRAME IS 72 HOURS AND ROUTINE REQUESTS MAY TAKE UP TO 15 DAYS AFTER ALL NEEDED INFORMATION IS RECEIVED.

Patient name _____ DOB _____ ID number _____

Diagnosis description _____ ICD 10 code(s) _____

Requested service/procedure description _____

Related CPT codes _____

Place of service _____ NPI _____

IP ___ OP ___ OBS ___ Residential ___ PHP ___ Date(s) of Service _____ Units requested _____

Physician requesting/performing procedure _____ NPI _____

Phone number of requesting provider _____ Fax number of provider _____

Office contact/person completing form _____ Phone _____ Fax _____

***** DO NOT TYPE OR WRITE BELOW THIS LINE-OFFICIAL AUTHORIZATION INFORMATION ONLY*****

AUTHORIZATION NUMBER _____ VALID DATES _____

NUMBER OF VISITS AUTHORIZED _____

AUTHORIZED SERVICE(S):

AUTHORIZING NURSE _____ PHONE _____ DATE _____