

Universal 17-P Authorization Form

*Fax the COMPLETED form OR call the plan with the requested information.

- Absolute Total Care** **BlueChoice HealthPlan** **First Choice by Select Health** **WellCare Health Plans**
P: 803-933-3689 P: 866-902-1689 P: 888-559-1010 x55251 P: 888-588-9842
F: 866-918-4451 F: 800-823-5520 F: 866-533-5493 F: 866-354-8709

Date of Request for Authorization _____

Patient/Member Name _____ DOB _____
First Middle Last

Address (Street, Apt.#) _____ City/State/Zip _____

Phone _____ Medicaid Number _____ MCO ID Number _____

Pregnancy Information and History

G ___ T ___ P ___ A ___ L ___ (Note: A= abortion (spontaneous and medically induced) EDC _____

Last menstrual period _____ EDD _____ Current Gestational age _____ weeks

Bed Rest Yes No Experiencing Preterm Labor Yes No
(Home administration available if on bed rest)

Singleton Pregnancy Multiple Pregnancy

At least 16 weeks gestation Yes No Major Fetal or Uterine Anomaly Yes No

Patient has a history of prior spontaneous singleton preterm birth between 20-36.6 weeks Yes No

Delivery was due to preterm labor or PPRM even if it resulted in C-section Yes No

Delivery was not due to medical indication, e.g. preeclampsia, abruption, etc. Yes No

Medication Allergies _____ No known drug allergies

Other Pertinent Clinical Information: _____

Pharmacy Information

Ship to patient's home address End Date of Service _____

Ship to provider's address End Date of Service _____

Shipping Preference: Regular Mail Ground Overnight

Ordering Physician's Signature: _____

Provider Information

Ordering Provider Name _____
(Please Print)

Ordering Provider NPI _____ Tax ID _____

Address _____ City/State/Zip _____

Phone _____ Fax _____

Provider Type: OB/GYN Family Medicine MFM/Perinatology Other _____

Practice Name: _____ Practice NPI: _____
Contact Person: _____ Phone: _____ Fax: _____

FOR MCO USE ONLY:

Approved Denied Authorization # _____ Number of Injections _____

Date of Notification to Provider: _____ Reviewer(s) name & title: _____

Please note that our review applies only to the authorization of medical necessity and benefit coverage. This authorization is not a guarantee of payment unless the member is eligible at the time the services are rendered.