



**REQUEST FOR  
AUTHORIZATION  
ENTERAL/FORMULA**

**PHONE: 1-800-322-6027 \* FAX: 1-866-946-2052**

<b>MEMBER INFORMATION</b>		
MEMBER'S NAME: Last: _____ First: _____ MI: _____		
DCN: _____	DOB: _____	TODAY'S DATE: _____
OTHER INSURANCE CARRIER: (If Applicable) _____	POLICY #: (If Known) _____	PHONE #: _____
<b>PROVIDER INFORMATION</b>		
DATE TO BE PROVIDED TO MEMBER: _____	CONTACT PERSON: _____	
CONTACT PERSON PHONE: _____	CONTACT PERSON FAX: (For Authorization) _____	
DME PROVIDER: _____	DME Provider ID#: _____	
DME PROVIDER NPI #: _____	DME PROVIDER TIN #: _____	
ORDERING PROVIDER: _____	Ordering Provider ID# _____	
<b>ITEM(S) REQUESTED INFORMATION</b>		
MEMBER INTAKE/OZ. PER DAY: _____	UNITS PER CAN/BOTTLE: _____	# OF CANS/BOTTLES IN A CASE: _____
# OF CASES TO BE DISTRIBUTED: _____	# WIC ALLOWANCE: _____	TOTAL # OF UNITS REQUESTED: _____
<b>CLINICAL INFORMATION</b>		
ICD-10 DX CODES: (Required) _____		
HCPCS CODES: (Required)	DESCRIPTION:	NUMBER OF UNITS:
<p><b>** Authorizations cannot be back-dated.</b></p> <p><b>** Please attach physician order (must be received yearly).</b></p> <p><b><u>If the requested enteral/formula is approved, a separate authorization approval form will be faxed.</u></b></p> <p>The Missouri Care Web Portal is a web-based option for member eligibility, claim verification, prior authorization submission and obtaining forms at <a href="http://www.missouricare.com">www.missouricare.com</a>.</p>		