Select Health
of South Carolina, Inc.
An AmeriHealth Mercy Company

Request for Authorization
General

Member Information

Last, first MI _____ Today's Date _____

Medicaid ID # _____ DOB _____

Practice/Facility Information

Practice/Facility name _____ Practice/Facility ID# _____

Contact person _____ Fax # _____ Call back # _____

Procedure & Physician Information

Procedure _____ Code _____

Planned date of service _____ Physician NPI # _____

Physician last name, first name, MI _____

Address, city, state zip _____

Notes

FAX completed request form along with documentation supporting the medical necessity of the requested service(s) to 866.368.4562.

Providers will be notified of determination via phone.

Approvals are valid for 180 days from the date of issue.