Select Health of South Carolina

Healthy Connections

Request for Authorization

General

Member Information		
Member name:		Today's date:
Medicaid ID number:		Date of birth:
Place of Service Information		
Facility or office name:		NPI number:
Contact person:	Fax:	Call back number:
Procedure and Physician Information		
CPT codes:	ICD10 Code:	☐ Inpatient ☐ Outpatient
Planned date of service:	Physician NPI number:	
Physician last name, first name, middle initial:		
Address, city, state ZIP:		
Contact person:	Fax:	Call back number:
Notes		

Fax request form with supporting clinical documentation to **1-866-368-4562**.