



Nivano Physicians
1420 River Park Dr, Suite #200
Sacramento, CA 95815
Phone: UM 916-407-2000 OPT 2
FAX UM 279-399-2709
FAX for Case Management
SNF 279-399-2805
Acute Concurrent 279-399-2752
Acute Admin 279-399-2722

AUTHORIZATION REQUEST FORM

ATTACH ANY CONSULTATION, X-RAY REPORTS AND/OR ANY PERTINENT DOCUMENTATION TO
SUPPORT MEDICAL NECESSITY

1. REFERRALS

☐ Urgent (non life-threatening) ☐ Routine
☐ Retro-DOS: _____

☐ Request to update a decisioned auth (#) _____

☐ Redirect ☐ Add Code ☐ Extension ☐ Quantity change

2. GENERAL INFORMATION

PATIENT NAME:		DATE OF BIRTH:		NAME OF GUARANTOR:	
ADDRESS:		CITY:	STATE:	ZIP:	PHONE #
MEMBER ID #	SUBSCRIBER NAME:				

PCP:	REQUESTING PROVIDER:	CONTACT PERSON:	PHONE #	FAX #
TO PROVIDER: If unknown put specialty	SPECIALTY:	CONTACT PERSON:	PHONE #	FAX #
STREET ADDRESS (If out of network):			CITY:	ZIP:
FACILITY NAME:				

3. SERVICES REQUESTED

☐ New Consult ☐ Follow-up Visit ☐ Outpatient ☐ Inpatient ☐ DME ☐ Home Health ☐ Other
Diagnosis ICD 10: _____

CPT CODE:	QTY:	CPT CODE:	QTY:

AUTHORIZATIONS ARE VALID FOR 3 MONTHS FROM APPROVAL. PHARMACY AUTHS ARE
VALID FOR 3 MONTHS. AUTHORIZATIONS ARE SUBJECT TO ELIGIBILITY AND BENEFITS AT THE
TIME OF SERVICE. ANY SERVICES RENDERED BEYOND THOSE AUTHORIZED WILL BE
SUBJECT TO DENIAL.