



## Medical Pharmacy Request Form

Please complete this authorization form for South Country Health Alliance members. Submission of this form **does not** guarantee approval. Incomplete requests cannot be processed and will be returned to requestor for completion.

**Medicaid (PMAP, MNCare, SingleCare, MSC+, SharedCare) Fax Number: 866-533-5496**

**Medicare (AbilityCare, SeniorCare Complete) Fax Number: 888-633-4052**

**\*\*Please include supporting clinical documentation with the submission of this form**

Member Information				
Member Name	DOB	Gender	Height (ft, in)	Weight (lbs)
Member Address			Phone Number	
Member Product		Member ID Number		
Prescriber Information				
Prescriber Name	NPI	TIN	Phone Number	Fax Number
Prescriber Address			Specialty	
Prescriber Point of Contact			POC Phone Number	
Facility Name		Facility NPI		
Servicing Provider/Facility				
Servicing Facility <input type="checkbox"/> Same as above	Phone Number	Fax Number	Servicing Pvdr/Facility NPI	Servicing Pvdr/Facility TIN
Servicing Facility Address				
Medical Pharmacy Requested				
Medication Code		Medication Name/Strength		
Dosage/Directions	Units	Description	Frequency	
NDC (required when using a generic HCPCS code)		Amount/Cost		
Start Date		End Date		
Administration Location (check box)				
Doctor's Office <input type="checkbox"/> Outpatient Hospital/Clinic <input type="checkbox"/> Infusion Center <input type="checkbox"/> Other <input type="checkbox"/> Please Specify:				
Clinical Information				
Diagnosis Code		Diagnosis Description		

**Additional Clinical Information**

**Contact the Provider Call Center at 888-633-4055 for questions related to claims.  
Contact Utilization Management at 888-633-4051 for questions related to Service Request forms.**

*If this request is in response to a claim denial, please resubmit the claim and include the South Country Authorization number.*

**\*\*If your facility has never billed South Country Health Alliance, you will need to submit additional documents with this form. These documents can be found on our website at <https://mnscha.org>.**

**\*\*Approval and denial letters will be faxed to the number provided in the Return Fax Number.**

*This faxed information is intended for the individual or entity to which it is addressed and contains information that is confidential. Furthermore, this information may be protected by Federal law relating to confidentiality (42 CFR Part 2) prohibiting any further disclosure. If the reader of this message is not the intended recipient or the employee or agent responsible for delivering this message to the intended recipient, you are hereby notified that any review, dissemination, distribution, or copying of this communication is strictly prohibited. If you have reviewed the communication in error, please notify us immediately by telephone and return the original message to us by the above address via mail. Thank you.*