South Country HEALTH ALLIANCE

Clear Form

Fax requests to: 888-633-4052

Medical Service 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.**

****Please include supporting documentation with the submission of this form (history of illness, face to face, lab/diagnostic results, etc.).**

Auth Specific Contact		
Contact Name	**Contact Phone Number**	**Contact Fax Number**

Ordering Provider				
Provider Name	**Phone Number**	**Fax Number**	**Ordering Provider NPI**	**Ordering Provider TIN**
Provider/Facility Name		**Provider/Facility Address**		

Servicing Provider/Facility				
Servicing Facility ☐ Same as above	**Phone Number**	**Fax Number**	**Servicing Provider/Facility NPI**	**Servicing Pvdr/Facility TIN**
Servicing Facility Address				

Member Information			
Member Name	**Member ID**	**DOB**	**Member Address**

Medical Service Requested:

Surgery ☐ DME ☐ Home Health Care ☐ Medical Dental ☐ Hearing ☐ Vision ☐ Diagnostics ☐ Experimental ☐ Transplant ☐

Benefit Exception ☐ Wound Care ☐ Genetic Testing ☐ Cosmetic ☐ Other (Please Specify) ☐ _____

Place of Service:

Doctor's Office ☐ Inpatient Hospital ☐ Outpatient Hospital ☐ Home ☐ Skilled Nursing Facility ☐ Other ☐

Procedure Code	Modifier	Diagnosis Code	Description
QTY/Units	**Amount/Cost**	**Start Date**	**End Date**
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Please contact the Provider Contact Center at 888-633-4055 for questions related to claims.
Please 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.