



Healthy Mississippi
10 Canebrake Boulevard, Suite 110
Flowood, MS 39232

1-833-201-6413 TTY: 711

Prior Authorization Request Fax/Mail Cover Sheet

Complete all fields; attach supporting medical documentation/doctor's order and fax 1-833-273-2254 or mail to the address/number provided at the top of the page. Complete ONE (1) Prior Fax/ Mail Cover Sheet for each prior authorization request for which documentation is being submitted. If you need assistance filling out the form, please contact customer service at 1-833-201-6413

Patient Details		
Member ID Number	Patient First Name	Patient Last Name
Date of Birth	ZIP Code	
Provider Details		
Treating Physician's Name	Facility Name	
Phone Number	Phone Number	
Address	Address	
Fax Number (if available)	Fax Number (if available)	
Service Request		
☐ Update ☐ New Request		
☐ Inpatient	Admission date: ____/____/____ Discharge date: ____/____/____ Discharged to: _____	
☐ Outpatient	☐ Home health nurse, therapy/hospice ☐ Medial equipment rental/Purchase ☐ Diagnostic testing ☐ Surgery ☐ Other _____ First date: ____/____/____ Last date: ____/____/____	
Diagnosis		
Requested services		Additional Information (if needed)

This form does not guarantee payment by Healthy Mississippi. Responsibility for payment is subject to membership eligibility, benefit limitations, and interpretation of benefits under applicable subrogation and coordination-of-benefits rules. For any other services, it will be necessary to obtain an additional authorization. Attach doctor's order.

Signature

Date: / /