



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 1-662-350-0412 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		
<input type="checkbox"/> Update <input type="checkbox"/> New Request		
<input type="checkbox"/> Inpatient	Admission date: ___/___/___ Discharge date: ___/___/___      Discharged to: _____	
<input type="checkbox"/> Outpatient	<input type="checkbox"/> Home health nurse, therapy/hospice <input type="checkbox"/> Medial equipment rental/Purchase <input type="checkbox"/> Diagnostic testing <input type="checkbox"/> Surgery <input type="checkbox"/> 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:      /      /