

Inpatient Request Form

This form is required for all providers outside of Minnesota, North Dakota, South Dakota, Iowa and Wisconsin.

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.**

Facility			
Hospital/Facility	Facility NPI	Facility TIN	Facility Address
Contact Name	Phone Number	Return Fax Number	

Attending Physician			
Physician Name	Physician NPI	Phone Number	Fax Number

Member Information			
Member Name	Member ID	DOB	Member Address

Clinical Information			
Admission Date	Admission Diagnosis	Requested LOS	Anticipated Discharge

Medical History / Pertinent Clinical Information (attach additional clinical information if needed):

Reason					
Elective <input type="checkbox"/>	Emergency <input type="checkbox"/>	BH/SUD <input type="checkbox"/>	Surgical <input type="checkbox"/>	Observation <input type="checkbox"/>	Newborn <input type="checkbox"/>
Transfer <input type="checkbox"/>	From: _____				

Please include supporting documentation to the submission of this form (history of illness, complete admission orders, lab results, ED records, etc.).

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



Fax requests to: 888-633-4052

**Please contact the Provider Call 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 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.

Remember: If the patient stay is longer than the initial length of stay approved, the hospital is expected to provide updated information by the last date approved. If no information is submitted to support the continued inpatient services beyond the initial approval, claims may be denied until medical necessity for the services can be determined.

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.