



7 Limestone Drive, Williamsville, NY 14221
office 716-631-1327 fax 716-633-1153
ElderwoodHealthPlan.com

**REQUEST FOR PRIOR
AUTHORIZATION**

Call: 1-866-ThePlan (1-866-843-7526)
Secure Fax: (716) 633-1153
Secure email: HealthPlanInfo@elderwood.com
Website: ElderwoodHealthPlan.com

Patient Information

Name _____ DOB _____
Patient Address _____ Phone _____
Medicaid CIN# _____ Other insurance if applicable _____

Referring Provider/Place of Service/Facility Name

Name _____ Specialty _____
Business Address _____
Phone _____ Fax _____ email _____
NPI number _____ Contact person _____

Authorization Request Information

Service being requested _____ CPT Code _____
Reason(s) for requested service _____
Diagnosis _____ ICD-10 code _____
Number of units / visits _____ How often _____ How long will service be needed _____

Please document medical justification and any special instructions for service request: