

Note: Payment is based on whether the member is eligible and their benefits at the time of service. Payment is also based on how the care is accessed and the member may have to pay for these services. Check benefits by calling Customer Service at 800.235.7111 or 501.228.7111.

Please check one: ☐ Inpatient Request ☐ Outpatient Request

Please Print:

Section I: Member Information	
Member's Legal Name (Last, First, MI)	
Date of Birth (MM/DD/YYYY)	QualChoice ID Number
Section II: Medical Information	
Date of Requested Service (MM/DD/YYYY)	
Physician Name (Last, First)	Provider/Physician NPI
Name of Facility	Facility NPI
Diagnosis Code	Procedure Code
Section III: Requestor Information	
Name of Individual Submitting Request (Last, First)	
Phone Number	Fax Number
Section IV: Clinical Information	
Complete this section and or attach medical records as needed. Answer the following questions:	
What is the patient's current medical condition? • Is it acute, chronic, terminal, pregnancy-related, or post-surgical?	
Is the patient currently undergoing active treatment? • What type of treatment is being provided (e.g., chemotherapy, dialysis, behavioral therapy)? • When did the treatment begin, and what is the expected duration?	
Section V: Instructions	
Please Fax or Mail Completed Form to: <div style="text-align: right;"> QualChoice Care Management Department 1001 Technology Drive, Suite 401 Little Rock, AR 72223 Fax: 833.681.2498 </div>	
Internal Use Only	
Authorization Number	LOS: