

Complete and Fax Medical requests to: 1-866-884-9580 Complete and Fax Behavioral requests to: 1-833-550-1336

BENEFIT INQUIRY FORM

A Benefit Inquiry means an inquiry by an Arkansas licensed healthcare provider to a utilization review entity related to medical necessity, coverage, or payment for prospective healthcare service, including prescription drugs, for an enrolled member of a healthcare plan of the applicable healthcare insurer for services or prescription drugs which are not subject to prior authorization requirements of the utilization review.

* INDICATES REQUIRED FIELD —————						
MEMBER INFORMATION			k	Date of Birth (MME	DDYYYY)	
* Medicaid/Member ID						
DEQUESTING DROVIDED INFORMATIO	<u> </u>			<u> </u>	<u> </u>	
REQUESTING PROVIDER INFORMATION						
*Requesting NPI	*Requesting TIN	 	Requesting Prov	vider Contact Nam	e	
*Requesting Provider Name	Dhe	200		* Fax		
Requesting Frovider Name	Pho			rdx		
SERVICING PROVIDER / FACILITY INFO	PRMATION					
*Servicing NPI	*Servicing TIN		Servicing Provid	er Contact Name		
	LLL	<u> </u>	Lkk			
*Servicing Provider Name	Pho	one		* Fax		
DENIEET INOLIIDY DEOLIECT	<u></u>					
BENEFIT INQUIRY REQUEST						
* Procedure Code *Diagnosis Code	**************************************	*Start Date OR Ad	mission Date	Total Units/\	/isits/Days	
* SERVICE TYPE	(Enter the Service type	number in the boxe	es)			
422 Biopharmacy	701 Speech Therapy			521 BH Psychological Testing		
712 Cochlear implants & Surgery 299 Drug Test	472 Stereotactic Radiosurgery 993 Transplant Evaluation			ИЕ .7 Rental _г	·	
922 Experimental & Investigational	209 Transplant Surgery			0 Purchase \$	(Purchase Price	
Services 205 Genetic Testing & Counseling	724 Transportation 650 Radiation Therap	nv		L	i	
249 Home Health	Behavioral Health	•				
390 Hospice Services 290 Hyperbaric Oxygen Therapy Imaging	533 BH Applied Beha					
141 Imaging	512 BH Community Based Services 514 BH Day Treatment					
112 Nutritional Supplements and/or	515 BH Electroconvulsive Therapy					
Services 790 Occupational Therapy	516 BH Intensive Out 510 BH Medical Mana	tpatient Inerapy Jagement				
794 Outpatient Services	518 Mental Health/Chemical Dependency					
171 Outpatient Surgery	Observation	h a ra mu				
202 Pain Management 101 Physical Therapy	519 BH Outpatient Th 530 BH PHP	пегару				
201 Sleep Study	520 BH Professional F	Fees				