Prior Authorization Reopening Request Form

The Reopening Request Form is used to correct minor errors and omissions to requests that have previously been reviewed. Changes that are not due to clerical error cannot considered as a reopening.

Please fax this completed form to 608-210-4050.

Member Information:

NAME: D.O.B.: MEDICARE OR MEDICAID #:

Servicing Provider Information:

NAME: TAX ID:

ADDRESS:

PHONE: FAX:

Prior Authorization Information:

Authorization #:

or Date request submitted:

Old	**New**
Diagnosis code:	Diagnosis Code:
Procedure code:	Procedure Code:
Dates of service:	Dates of Service:
Units:	Units:
Servicing Provider Information:	Servicing Provider Information:

Privacy and Confidentiality:
The information within this fax message is intended for the recipient(s) only. If you have received this fax in error, please contact us at 1-800-963-0035 (phone) or 608-210-4050 (fax) and destroy this document received. State and Federal Law prohibits any unauthorized use of this information. Thank you for your cooperation.

No Guarantee of Payment

A prior authorization or precertification does not imply or guarantee payment, nor is it a verification of a member's eligibility at the point of service. Payments of benefits are subject to all terms, conditions, limitations, and exclusion of the program's contract and eligibility of the member at the time services are rendered.

5117 W. Terrace Drive, Suite 100 Madison WI 53718 • Phone: 800-963-0035 • TTY: WI Relay 711 •

Fax: 608-210-4050