



**Integra Partners Utilization Management  
MetroPlus AUTHORIZATION REQUEST**

Telephone: (866) 679-1647

Fax: (212) 908-5185

Date: \_\_\_\_\_

**PATIENT INFORMATION:**

Full Name: \_\_\_\_\_

DOB: \_\_\_\_\_

ID #: \_\_\_\_\_

**POLICYHOLDER INFORMATION:**

Full Name: \_\_\_\_\_

DOB: \_\_\_\_\_

ID #: \_\_\_\_\_

**Other Insurance:** \_\_\_\_\_ Is other insurance primary?    Yes    No

**ORDERING PHYSICIAN INFORMATION:**

Full Name: \_\_\_\_\_

Phone: \_\_\_\_\_

NPI #: \_\_\_\_\_

Fax: \_\_\_\_\_

Address:  
\_\_\_\_\_

City/State: \_\_\_\_\_

Zip: \_\_\_\_\_

**SERVICING PROVIDER/VENDOR INFORMATION:**

Full Name: \_\_\_\_\_

Phone: \_\_\_\_\_

NPI #: \_\_\_\_\_

Fax: \_\_\_\_\_

Address:  
\_\_\_\_\_

City/State: \_\_\_\_\_

Zip: \_\_\_\_\_

Contact Name: \_\_\_\_\_

Phone: \_\_\_\_\_



Patient Name: \_\_\_\_\_

Is this an Urgent Request?      Yes      No      ("Urgent Request" means a life-threatening emergency)

If yes, indicate why:

\_\_\_\_\_ Diagnoses:

HCPCS Code	Service Description Include Manufacturer Name and Model Number for NOC Services	Quantity	Rental or Purchase?	From Dates of Service To Date of Service

Additional Details (if necessary):

**NOTE: Incomplete Authorization Request forms will be returned and may delay the processing of your request.  
Thank you.**