

Date:	Member ID #:
Member Name:	Member DOB:
Requesting Agency:	Name:
Requesting Provider ID #:	Phone # and Ext:
Tax ID #:	Fax #:
Previous Authorization #, if applicable:	
ICD-10 Code(s):	Referring Physician:

Fax Form with Supporting Medical Documentation to Clinical Review to 860-678-5291

Notification of discharge from home health services: Date _____ Discharge reason _____

Request for:

Extension only: From date _____ to _____
Or

New or Additional services
Number of visits completed to date: _____
From date _____ to _____

Traditional Home Care		Completed by ConnectiCare	
<input type="checkbox"/> Skilled Nursing Visits	# Requested:	# Approved:	Approved by:
<input type="checkbox"/> PT Visits	# Requested:	# Approved:	Approved by:
<input type="checkbox"/> OT Visits	# Requested:	# Approved:	Approved by:
<input type="checkbox"/> ST Visits	# Requested:	# Approved:	Approved by:
<input type="checkbox"/> MSW Visits	# Requested:	# Approved:	Approved by:
<input type="checkbox"/> Home Health Aides	# Hours Requested	# Approved:	Approved by:
<input type="checkbox"/> Other _____	# Requested:	# Approved:	Approved by:

Fax form and medical documentation to Clinical Review at 860-678-5291

Please Note:
Services are not considered authorized until ConnectiCare issues an authorization.
Lack of information will delay processing of request.

Please contact Clinical Review at 1-800-508-6157 (select option #1) with any questions about pre-authorization.
This is confidential information. If you receive this form in error, please notify Provider Services immediately at 1-877-224-8230.



ConnectiCare, Inc. is an HMO/HMO-POS plan with a Medicare contract. Enrollment in ConnectiCare depends on contract renewal.

ConnectiCare Insurance Company, Inc. is an HMO SNP plan with a Medicare contract and a contract with the Connecticut Medicaid Program. Enrollment in ConnectiCare depends on contract renewal.

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