Inpatient Prior Authorization Request Form

Please fill out this form completely and fax to 414-231-1075
For PA Status call Customer Service at 414-223-4847
iCare Prior Authorization Department 414-299-5539 or 855-839-1032

*iCare must be notified of all inpatient stays **within one (1) business** day of the admission.*

Member Information		
Plan:	□ ***i*Care Medicare** □ ***i*Care Medicaid**	□ ***i*Care BadgerCare Plus**
Member Name:		**DOB:**
Member ID#:		**Phone:**

Admitting Facility Information					
Service Type:	□ Inpatient □ Observation □ Maternity		□ Behavioral Health □ Voluntary Admission □ Emergency Detention □ Forensic Admission		
	□ Concurrent □ Retrospective □ Transfer from another facility				
Admission Date:		**Admission Time:**		**Room:**	
ICD-10 Diagnosis & Description					
Admitting MD:					
Facility Name:			**Facility NPI:**		
Facility Address:					
Comments:					

Please include the following clinical information where applicable:
History & Physical, MD Progress Notes, Labs/ Radiology Studies, Social Work Notes, Discharge Summary

Facility Contact			
Name:		**Title:**	
Phone:		**Fax:**	
Email:			

Receipt of an approved prior authorization does not guarantee coverage or payment by iCare
Benefits are determined based on the dates that the services are rendered.
An incomplete form may delay processing and/or claims payment

INDEPENDENT CARE HEALTH PLAN
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