



Inpatient Prior Authorization Request Form

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

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

Member Information			
Line of Business:	<input type="checkbox"/> iCare Medicare	<input type="checkbox"/> iCare Medicaid	<input type="checkbox"/> iCare BadgerCare Plus
Member Name:		DOB:	
Member ID#:		Phone:	
Admitting Facility Information			
Request Type:		Behavioral Health:	
<input type="checkbox"/> Inpatient Medical <input type="checkbox"/> Initial Request <input type="checkbox"/> Extension <input type="checkbox"/> Retrospective <input type="checkbox"/> Transfer from another facility <input type="checkbox"/> Observation <input type="checkbox"/> Maternity/OB Notification <i>(include baby stats)</i>		<input type="checkbox"/> Voluntary <input type="checkbox"/> Emergency/Involuntary <input type="checkbox"/> Court Ordered Service Court Date: _____ <input type="checkbox"/> Forensic Admission <input type="checkbox"/> PHP/IOP: <input type="checkbox"/> H2019 units _____ Requested Dates of Service _____ <input type="checkbox"/> H2012 units _____ _____	
Admission Date:		Admission Time:	
ICD-10 Diagnosis & Description:			
Admitting MD:			
Facility Name:		Facility NPI:	
Facility Address:			
Facility Contact			
Name:		Title:	
Phone:		Fax:	
Email:			

Receipt of an approved 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.