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## ABRI AUTHORIZATION FORM

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

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

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

Referred By (PCP): \_\_\_\_\_

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

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

Referred To (SPEC): \_\_\_\_\_

Requested Dates: From: \_\_\_\_\_

To: \_\_\_\_\_

Units/Visits: \_\_\_\_\_

Diagnosis (ICD-9): \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Procedure (CPT/HCPCS): \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Type of Authorization:**

- |  |   |  |
|--|---|--|
| <input type="checkbox"/> 23 Hour Observation | <input type="checkbox"/> Pre-Authorization        | <input type="checkbox"/> Sub-acute Admission |
| <input type="checkbox"/> Case Management     | <input type="checkbox"/> Referral                 | <input type="checkbox"/> Transplant          |
| <input type="checkbox"/> Inpatient           | <input type="checkbox"/> Referral to Specialist   | <input type="checkbox"/> Transportation      |
| <input type="checkbox"/> Maternity           | <input type="checkbox"/> Second Opinion           |  |
| <input type="checkbox"/> Outpatient Surgery  | <input type="checkbox"/> Skilled Nursing Facility |  |

**The following authorizations require the additional documentation listed to be faxed along with this form:**

- Diagnostic Procedure – Physician Order
- Durable Medical Equipment (Purchase or Rental) – Physicians Order & State Prior Auth/Oxygen Attachment
- Durable Medical Equipment (Repair) – Work Order
- Home Health – 485 Form
- Hospice – State Physician Certification & Recertification of Terminal Illness
- PCW – PA/RF & HCAF & 485 & PCW Instructions
- Rehabilitation – Physician Order & Initial Evaluation
- RN Supervisory – PA/RF & HCAF & 485 & PCW Instructions
- Therapy (PT/OT/SP) – Physician Order & Initial Evaluation

**FAX Form and other pertinent documents to IPN at (414) 771-1159**

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**Please Note:**

- All authorizations must be faxed to Abri and approved before services are provided.
- All requests for out of network authorizations must be faxed to Independent Physicians Network at 771-1159 prior to services being rendered.
- A authorization does not guarantee coverage beyond Abri Benefit Contract Terms.
- Benefits are dependent on member eligibility on the date of service.

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\*\*\*\*\*For Abri Use Only\*\*\*\*\*

Authorization Approved: \_\_\_\_\_ Yes \_\_\_\_\_ No Date Approved/Denied: \_\_\_\_\_ Initials: \_\_\_\_\_

Approved Authorization Confirmation # \_\_\_\_\_ Authorization Expiration Date: \_\_\_\_\_

Reason for Denial: \_\_\_\_\_

Fax Number Confirmation Sent To: \_\_\_\_\_ Date: \_\_\_\_\_ Initials: \_\_\_\_\_

(No authorization may exceed six months from date authorized)