



Date of Request: _____

In place of this form you can submit Authorization Requests online securely via NaviNet. If you are not registered, please visit NaviNet.net and click Sign Up or call NaviNet Customer Care at 1-888-482-8057.

Non-Par Physician Authorization Request Form

Requirements: A letter of medical necessity for services by a non-participating provider/physician is required. Please be specific as to why a par provider/physician cannot provide this service. Notification required for any date of service change.

Fax completed form to: Horizon NJ Health 1-609-583-3014

General Information

Member Name: _____ Member ID #: _____ DOB: _____

Provider Contact Name: _____ Phone #: _____ Fax #: _____

Member Address: _____ Member Phone #: _____

List Any Additional Insurance: _____ Policy Number: _____

Medical Information Needed

Date/Date Range of Service: _____ #Days/Units Requested: _____

Primary Diagnosis: _____ Other Chronic Diagnosis: _____

ICD-10 Codes: _____

Procedure(s) Requested: _____

CPT/HCPCS: Codes Requested: _____

Requesting Provider: _____ ID # & NPI #: _____ TIN #: _____

Additional Required Information

Servicing Provider Name: _____ Specialty: _____

Group Practice Name: _____ ID # & NPI #: _____ TIN #: _____

Address: _____ City: _____ State: _____ Zip: _____

Billing Address: _____ City: _____ State: _____ Zip: _____

Treatment Setting: ↑ MD Office ↑ Outpatient Hospital ↑ Hospital SPU/OR ↑ Other

Non-Par Contact Person: _____ Phone #: _____ Fax #: _____

↑ Is this for continuity of care? Yes No Is member being treated at hospital clinic? Yes No
Please fax the most recent clinical information, plan of care and test results with this form.

• Timeframe this non-par provider/physician has been treating this member: _____

• Is surgery anticipated? ↑ Yes ↑ No If yes, where will surgery be done: _____
Expected date: _____

• Has there been any surgery performed by this provider/physician for this member in the past? Yes No

• Affiliated with par hospital? ↑ Yes ↑ No Hospital Name: _____