



Horizon NJ Health

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](http://NaviNet.net) and click *Sign Up* or call NaviNet Customer Care at 1-888-482-8057

**Office /Hospital Procedure Request Form**

**Requirements:** Clinical information and supportive documentation including office visit notes and recent diagnostic test results must be submitted to support request for approval. **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 #: \_\_\_\_\_

List Any Additional Insurance: \_\_\_\_\_

Policy Name/Number: \_\_\_\_\_

GEMS Authorization # (pregnant members): \_\_\_\_\_

**Medical Information Needed**

Date/Date Range of Service: \_\_\_\_\_

Days/Units Requested: \_\_\_\_\_

Primary Diagnosis: \_\_\_\_\_ Other Chronic Diagnosis: \_\_\_\_\_

ICD-10 Codes: \_\_\_\_\_

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Procedure(s) Requested: \_\_\_\_\_

CPT Codes Requested: \_\_\_\_\_

Requesting Provider: \_\_\_\_\_ ID# & NPI#: \_\_\_\_\_ TIN#: \_\_\_\_\_

Servicing Provider: \_\_\_\_\_ ID# & NPI#: \_\_\_\_\_ TIN#: \_\_\_\_\_

Location of Service:  MD Office  Outpatient Hospital  Other

If Hospital, Provide Facility Name: \_\_\_\_\_ NPI# \_\_\_\_\_

**Patient Procedures: In Office or Outpatient & Treatments**

Office Procedure  Sleep Studies  Wound Care  Labs

OB Ultrasound EDC \_\_\_\_\_ by LMP or Ultrasound EGA \_\_\_\_\_  
(due date) (gestational age in weeks)

Other \_\_\_\_\_

Previous Treatments/Medications: \_\_\_\_\_

\_\_\_\_\_