



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 and click Sign Up or call NaviNet Customer Care at 1-888-482-8057.

Scheduled Inpatient Authorization 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 1-609-583-3015

General Information

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

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

List Any Additional Insurance: _____

Policy Name/Number: _____

Medical Information Needed

Date of Service: _____

Is pre-op day/days requested? If yes, please provide documentation of medical necessity.

Primary Diagnosis: _____ Other Chronic Diagnosis: _____

ICD-10 Codes: _____

Procedure(s) Requested: _____

CPT Codes Requested: _____

Additional Required Information

• Admitting Doctor: _____ Par Non-Par

Horizon NJ Health provider ID # & NPI #: _____ TIN #: _____

• Admitting Hospital: _____ Par Non-Par

Horizon NJ Health provider ID # & NPI #: _____ TIN #: _____

Additional Information

If the requested admitting doctor/surgeon or facility is not in the Horizon NJ Health network, please include a letter of medical necessity (LOMN).