



Pre-Service Non-Urgent

Pre-Service Administratively Urgent

(Services which do not meet the definition of Medically Urgent, however, are deemed to be time sensitive by one or more of the affected parties.)

Pre-Service Medically Urgent

(Medically Urgent—In the opinion of the attending physician, there is a risk to the member’s life, serious bodily injury or pain that cannot otherwise be managed.)

PATIENT DEMOGRAPHICS		
Patient Name:		Date of Birth:
Member ID:		Phone Number:
Street Address:		
City:	State:	Zip Code:

REFERRING PROVIDER INFORMATION			
Provider Name:			Phone #:
Street Address:			Fax #:
City:	State:	Zip Code:	
Provider #:	Tax ID #:	NPI:	Specialty:

REFERRED TO PHYSICIAN/FACILITY/PROVIDER INFORMATION			
Referred To:			Phone #
Street Address:			Fax #
City:	State:	Zip Code:	
Provider #:	Tax ID #:	NPI:	Specialty:
Choose SNF or Swing Bed	<input type="checkbox"/> SNF	<input type="checkbox"/> Swing Bed	

REQUEST INFORMATION			
Requested date of admission to SNF/Swing bed:		Diagnosis Code(s):	
Member Admitted From: (e.g. hospital, home)			
3 rd party liability:	<input type="checkbox"/> W/C	<input type="checkbox"/> MVA	<input type="checkbox"/> Other
Payor Source:	<input type="checkbox"/> Medicare A Primary	<input type="checkbox"/> Medica Employee Health Plan	
If payor source is Medicare A, how many SNF days have been used previously in this benefit period?			
Other/Comments:			

Form Submitted By:		
Name:	Phone:	Fax:

For further information on skilled nursing facilities, please see the Medica medical policy [Skilled Nursing Facility](#). The completed form can be faxed to: 608-252-0830.
If you have any questions regarding the services or form, please contact our Customer Care Center at 833-942-2159 or review our [Medical Management page](#).
Requests to non-plan providers must be approved prior to obtaining services.
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