



Skilled Nursing Facility Admission Prior Authorization Form

Please Fax Completed Form To **(952) 853-8706**
 For Prior Authorization call (952) 883-6333 or 1 (888) 467-0774

Patient and Facility Information	
Member Name:	Facility:
CoOpportunity Health ID #:	Tax ID #:
DOB:	Facility Contact Name:
Medicare Covered Stay: Yes No Days available on admission:	Facility Contact Phone #:
Form Completed By:	Facility Fax #:
Attending MD (first & last name): _____ Phone: _____ Fax: _____ Responsible Party: _____ Phone: _____ Responsible Party Address: _____	
Admit Date: _____ Admit Time: _____ AM PM Admit From: Home Hospital NH Facility Admitted From: _____ Diagnosis: _____ Reason for Admission: _____ Treatment Plan: _____ Therapy Plan: _____ Anticipated Length of treatment: _____ Discharge Date: _____ Discharge To: Home Hospital Expired NH Attach therapy eval and notes, Admission H&P, etc.	

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 CoOpportunity Health has contracted with HealthPartners Administrators, Inc. to provide claims processing, medical management and certain other administrative services.