



Authorization/Referral Request Form

Please complete all fields on this form and be sure to include an area code along with your telephone and fax numbers. To verify benefits, call: commercial – 800-448-6262, Medicare – 800-457-4708, Florida Medicaid – 800-477-6931, Kentucky Medicaid – 800-444-9137.

For services scheduled in advance, submit fax to 800-266-3022.

For behavioral health services, submit fax to 469-913-6941

For same-day appointments or urgent requests, call 800-523-0023.

To create a new referral or authorization online, visit Availability.com, which is available 24/7 for your convenience.

Contact person _____
Requesting provider _____
Phone number _____
Fax number _____
NPI or Tax ID _____

Patient Details		
Humana ID Number	Patient First Name	Patient Last Name
Date of Birth	ZIP Code	
Provider Details		
Treating Physician's Name	Facility Name	
NPI or Tax ID	NPI or Tax ID	
Phone Number	Phone Number	
Fax Number	Fax Number	
Service Request		
Update	New Request	Case No. (if any)
Inpatient	Admission date: ___/___/___ Admission type: ER Non-ER SNF Rehab LTAC Other Bed type: _____ Discharge date: ___/___/___ Discharged to: _____	
Outpatient	Evaluate and treat Observation Home health/hospice DME rental DME purchase Diagnostic testing Surgery Other _____ First date: ___/___/___ Last date: ___/___/___ Valid for: 30 days 60 days 90 days 1 year	
ICD-10 Code		
Diagnosis Description		
CPT/HCPC Codes	Number of Visits/Units	
Description of Codes		

This form does not guarantee payment by Humana Inc. Responsibility for payment is subject to membership eligibility, benefit limitations and interpretation of benefits under applicable subrogation and coordination-of-benefits rules. For any other services, it will be necessary to obtain an additional authorization.

Attach supporting documentation (medical records, progress notes, lab reports, radiology studies, etc.) if needed. Please review guidance provided by www.CMS.gov and [Prior Authorization List](#) for further information.

Signature _____ Date: ___ / ___ / ___

Stamp (for Humana use only)
