

MDwise Medicare Advantage Plans  
**Prior Authorization Request Form**

<b>MDwise Medicare</b> <ul style="list-style-type: none"> <li>• Inspire</li> <li>• InspirePlus</li> <li>• InspireFlex</li> <li>• InspireDuals</li> </ul>	Member Services	P: 833-358-2140
	Inpatient PA FAX Request	F: 855-331-8384
	General PA FAX Request	F: 855-377-3653
	Email	medicarepriorauthorization@mdwise.org
	PA Portal	<a href="https://mdwisepp.zeomega.com/cms/ProviderPortal/Controller/providerLogin">https://mdwisepp.zeomega.com/cms/ProviderPortal/Controller/providerLogin</a>

**PLEASE COMPLETE ALL APPROPRIATE FIELDS**

Check if Urgent/Expedited:
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Patient Information			Requesting Provider Information		
Member Medicare ID Number:			Requesting Provider NPI/Provider ID:		
Date of Birth:			Taxonomy:		
Patient Name:			Tax ID:		
Patient/Guardian Phone:			Provider Name:		
Medical Diagnosis (Use of ICD Diagnostic Code is Required)			Rendering Provider Information		
DX 1:	DX 2:	DX 3:	Rendering Provider NPI/Provider ID:		
Please Check the Requested Assignment Category Below:			Tax ID:		
			Name:		
DME: Purchased Rented	Occupational Therapy		Address:		
	Outpatient		City/State/ZIP Code:		
	Physical Therapy		Phone:		
Home Health	Speech Therapy		Fax:		
Hospice	Transportation		Preparer's Information		
Inpatient	Other		Name:		
Observation			Phone:		
Office Visit			Fax:		

Date of Service		Procedure/ Service Codes	Modifiers		Service Description	Place of Service (POS)	Units/Days
Start	Stop						

Notes: