



Prior Authorization for Continued SNF Stay Request

Fax completed forms to (952)853-8712. Call Utilization Management (UM) at (952)883-6333 with questions. Incomplete forms will be returned. [Submit clinical documentation, skilled nursing notes, and treatment plan](#) to support your request.

Authorization #:

Reference #:

Member information

First Name MI Last Name
HealthPartners ID # DOB

Requester information

Form completed by: First Name Last Name
Your business name
Your business street address
Your business city Your business state Your business zip
Phone* Fax**

Attending physician information

Physician first name Physician last name
Specialty NPI
Clinic name
Clinic street address
Clinic city Clinic state Clinic zip
Clinic tax ID (claim may be rejected if incorrect)
Email Phone* Fax**

Facility information

Facility name
Facility street address
Facility city Facility state Facility zip
Billing tax ID (claim may be rejected if incorrect)
Facility contact name for updates
Phone* Fax**

Diagnosis information

Primary diagnosis code Description
Secondary diagnosis code Description

*Confidential voicemail required

**For outcome notification

