



Emergent Inpatient Notification Form
Request for Authorization

Please fax to:

Austin 877-650-6939 Lubbock/Amarillo 866-865-4385
Corpus Christi 877-650-6940 McAllen (Hidalgo) 877-212-6661
Dallas 855-707-5480 Medicaid RSA/CHIP RSA 877-505-0823
El Paso 877-650-6941 San Antonio 877-650-6942

Web notifications: www.SuperiorHealthPlan.com

PROVIDER / FACILITY NAME: \_\_\_\_\_ # Pgs \_\_\_\_\_

Contact Name \_\_\_\_\_ Phone Number \_\_\_\_\_ Fax # \_\_\_\_\_

Insurance Type [ ] STAR Medicaid [ ] STAR Health Foster Care [ ] COB Other
[ ] CHIP [ ] STAR + PLUS

Type of Request [ ] Admission I/P or [ ] OBS to Inpatient [ ] Emergency or [ ] Elective
[ ] Out of Network or [ ] Participating

Patient Name \_\_\_\_\_ Med Rec # \_\_\_\_\_ Room # \_\_\_\_\_
Patient ID Number \_\_\_\_\_ Patient DOB \_\_\_\_\_ UR # \_\_\_\_\_

[ ] Provider NPI \_\_\_\_\_ [ ] Facility NPI \_\_\_\_\_
[ ] Provider Tax ID \_\_\_\_\_ [ ] Facility Tax ID \_\_\_\_\_

Address \_\_\_\_\_
Admission Date / I/P Conversion Date \_\_\_\_\_

Admitting DX/ codes \_\_\_\_\_

Physician Name \_\_\_\_\_ Phys. Phone \_\_\_\_\_

Delivery Info (if applicable)

Type of Delivery [ ] Vaginal [ ] C-Section Newborn DOB \_\_\_\_\_ [ ] Male [ ] Female
Baby's MRN # \_\_\_\_\_ Weight in Grams \_\_\_\_\_ APGAR \_\_\_\_\_ Gest Age \_\_\_\_\_

[ ] Nursery Sick baby Admitting Physician \_\_\_\_\_
[ ] NICU DX: \_\_\_\_\_

Clinical Fax:

Austin 877-264-6547 McAllen (Hidalgo) 866-895-4080
Corpus Christi 866-912-6291 Medicaid RSA/CHIP RSA 877-804-5268
Dallas 855-232-3606 San Antonio 866-683-5632
El Paso/Lubbock/Amarillo 866-683-5620

Clinical information for medical necessity attached and faxed: [ ] Yes [ ] No