SUMMACARE

APEX Benefits Services

PRIOR AUTHORIZATION REQUEST

Please fax to (330)996-8605 / (330)996-8904

***Please call (330)996-8710 or (888)996-8710 for urgent requests**

Date: _____

CONFIDENTIAL

Member Last Name:	
Member First Name:	
Member ID#:	
Member Group Number:	**Member Date of Birth:**
Requesting Physician First & Last Name:	
Practice/Group Name:	
Physician Phone Number:	**Physician Fax Number:**
Physician Contact Name:	
Procedure/Service:	
Date of Service:	**To be Scheduled:** ☐
Facility/Place of Service:	**Inpatient** **Outpatient**
Diagnosis:	
PLEASE FAX CLINICAL INFORMATION PERTINENT TO PROCEDURE/SERVICE	

For SummaCare Use Only	
Authorization Number:	**Prior Authorization Not Required:**
SummaCare Contact:	

You will be notified by telephone if your request is not approved.