AmeriHealth *Caritas*
Delaware

Complete all requested information below and fax to AmeriHealth Caritas Delaware at 1-866-497-1384. Authorization is based on medical necessity. Incomplete information or illegible forms will delay processing.

If you have any questions, please call the Utilization Management Department at 1-855-396-5770.

Date: _____

Member Information

Member Name	Member ID	Date of Birth

Diagnosis		ICD-10 Code

Pertinent Clinical Information/Medical History

New request? ☐ Yes ☐ No	Ongoing request? ☐ Yes ☐ No
Ordering Physician	**Physician signature**
Physician Phone	**Physician NPI Number**
Physician Address	

In-Home Unskilled Respite

Procedure Code	Code Description	Start Date	End Date	# of Units/Hours	UM Auth #

In-home Skilled Respite

Procedure Code	Code Description	Start Date	End Date	# of Units/Hours	UM Auth #

Out of Home Respite

Procedure Code	Code Description	Start Date	End Date	# of Units/Hours	UM Auth #

Emergency Respite

Procedure Code	Code Description	Start Date	End Date	# of Units/Hours	UM Auth #

Please contact Clinical Care Coordinator for assigned FMS:

Servicing FMS (Financial Management Service), Agency or Facility Provider

Provider Name	Provider NPI Number
Provider Address	
Provider Phone	Provider Fax
Contact Name	Contact Phone