

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

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

Date: \_\_\_\_\_

Member Information		
<b>Member Name</b>	<b>Member ID</b>	<b>Date of Birth</b>
<b>Diagnosis</b>	<b>ICD-10 Code</b>	

Servicing FMS (Financial Management Service), Agency or Facility Provider	
<b>Provider Name</b>	<b>Provider NPI Number</b>
<b>Provider Address</b>	
<b>Provider Phone</b>	<b>Provider Fax</b>
<b>Contact Name</b>	<b>Contact Phone</b>

<b>New request?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No	<b>Ongoing request?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No  <b>If ongoing, how many hours used as of todays date for waiver year:</b>
--	---

In-Home Unskilled Respite				
<b>Procedure Code</b>	<b>Code Description</b>	<b>Start Date</b>	<b>End Date</b>	<b>Number of Units or Hours</b>

In-home Skilled Respite				
<b>Procedure Code</b>	<b>Code Description</b>	<b>Start Date</b>	<b>End Date</b>	<b>Number of Units or Hours</b>

Out of Home Respite				
<b>Procedure Code</b>	<b>Code Description</b>	<b>Start Date</b>	<b>End Date</b>	<b>Number of Units or Hours</b>

Emergency Respite				
<b>Procedure Code</b>	<b>Code Description</b>	<b>Start Date</b>	<b>End Date</b>	<b>Number of Units or Hours</b>

**AmeriHealth Caritas Delaware**  
Christiana Executive Campus  
220 Continental Drive, Suite 300  
Newark, DE 19713

