

To request an authorization complete this form, attach relevant clinical info, and email to **support@decent.com**.

What is this form for?

- ✓ *Pre-service, in-network medical auths that are reviewed by Decent staff*
- ✓ *Concurrent or post-service auth for ER to inpatient admission*

Request submitted by (and how we can reach you)

Your name (first & last)

Phone:

Fax:

PATIENT

Your name (first & last)

DOB:

ID #:

PHYSICIAN

Your name (first & last)

NPI:

TIN

DISPUTE INFORMATION

- Non-Surgical Ambulatory Services
- Vendor Provided Services
- Elective Surgical Procedures information
- Emergent Admissions
- Transportation
- Long Term Acute Care Facility information
- Specialized Facility Stays
- Other

Place of Service (please select one)

- Ambulatory Surgical Center
- Inpatient - General Acute
- Skilled Nursing Facility
- Acute Rehabilitation Facility
- Home
- Office
- Observation Care
- Outpatient Hospital

FACILITY (if applicable)

DATES

SERVICE

Include units and/or visits (if applicable)

Procedure code(s)

CPT/HCPCS/Revenue

Diagnosis code(s)

ICD-10

Please select if expedited (urgent) processing required

