



Authorization Request / Admission Notification Form

To request an authorization or notify of an inpatient admission complete this form, **attach relevant clinical info and medical records**, and email to support@decent.com or fax to (512) 729-7178.

SELECT ONE

- Pre-service, medical authorization requests to be reviewed by Decent
- Admission and discharge notification (required for all inpatient stays within 24 hours of admission)

SUBMITTED BY

First Name:	Last Name:
Phone Number:	Fax:

PATIENT

First Name:	Last Name:
DOB:	Member ID:

If newborn please provide Birth Mother's Name _____ and Baby Gender _____

PHYSICIAN

First Name:	Last Name:
NPI:	TIN:

Service Category (please select one)

- | | |
|--|---|
| <input type="checkbox"/> Non-Surgical Ambulatory Services | <input type="checkbox"/> Rehabilitation |
| <input type="checkbox"/> Elective Surgical Procedures | <input type="checkbox"/> Detox |
| <input type="checkbox"/> Emergent Admissions | <input type="checkbox"/> Mental Health |
| <input type="checkbox"/> Transportation | <input type="checkbox"/> Substance |
| <input type="checkbox"/> Durable Medical Equipment | <input type="checkbox"/> Eating Disorder |
| <input type="checkbox"/> Long Term Acute Care Facility | <input type="checkbox"/> Planned Admission |
| <input type="checkbox"/> Specialized Facility Stays | <input type="checkbox"/> Other (please specify _____) |
| <input type="checkbox"/> Direct Admit from Provider's Office | |

Place of Service (please select one)

- | | |
|--|---|
| <input type="checkbox"/> Ambulatory Surgical Center | <input type="checkbox"/> Home |
| <input type="checkbox"/> Inpatient - General Acute | <input type="checkbox"/> Office |
| <input type="checkbox"/> Neonatal Intensive Care Unit | <input type="checkbox"/> Observation Care |
| <input type="checkbox"/> Skilled Nursing Facility | <input type="checkbox"/> Outpatient Hospital |
| <input type="checkbox"/> Acute Rehabilitation Facility | <input type="checkbox"/> Residential Treatment Center |
| <input type="checkbox"/> Other (please specify) _____ | |

FACILITY

Facility Name:	
NPI:	TIN:

DATES

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SERVICE

Diagnosis code(s) ICD-10	
Procedure code(s) CPT/HCPCS/Revenue	Units:

Please select if expedited (urgent) processing required

Maternity admission notifications are required only if the patient's stay is over 48 hours for vaginal birth or 96 hours for C-section, from the date of delivery.

Decent will provide confirmation with date of receipt along with a reference number. If you have any questions, please call our Customer Service team at 512-643-4173.

This is not a pre-authorization of benefits nor a guarantee of payment. This admission notification is based on diagnosis and medical information submitted and is subject to all contract terms, including, but not limited to, member benefits, benefit maximums and subscription charge payment covering dates of service.

This information is confidential and intended solely for the use of the individual or entity to whom they are addressed. If you have received it by mistake, please let us know by e-mail reply and delete it from your system; you may not copy this message or disclose its contents to anyone.



Email: support@decent.com
Phone: (866) 432-7887
Fax: (512) 729-7178