



PRIOR AUTHORIZATION FORM
FOR SKILLED NURSING FACILITY OR SWINGBED

Fax completed form to Care Management (608) 836-6516

MEMBER DEMOGRAPHICS

Member Name	Date of Birth
Dean Health Plan Member ID	

ATTENDING PHYSICIAN INFORMATION

Name	Phone Number	Fax Number	
Mailing Address	City	State	Zip

SKILLED NURSING FACILITY OR SWINGBED INFORMATION

Facility Name	Facility Phone Number		
Facility Address	City	State	Zip
Facility Contact Name	Contact Phone Number	Contact Fax Number	

Payor Source

Medicare DeanCare Gold Dean HMO Dean POS/PPD Badger Care/Medicaid Private Pay 30 Day Mandate DHFS Rate \$ _____

Admission Information

Admission Date to SNF or Swingbed	Diagnosis and ICD-9 codes
Where was member admitted from?	
If Payor Source is Medicare A, how many SNF days have been used previously in this benefit period?	

Discharge Information

Discharge Date or Last Covered Medicare A day	Where was member discharged to?
If last covered Medicare A day, what is the reason for Medicare coverage ending?	

Do you request this form to be faxed back with the authorization number? Yes No

Dean Health Plan Use Only:

DHP Care Management Signature	Date	Authorization Number
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If you have any questions while completing this form please contact the Dean Health Plan Customer Care Center at (800) 279-1301. Failure to obtain authorization for the SNF admission may result in the denial of the authorization/claims. Please refer to the Dean Health Plan SNF Manual at <http://www.deancare.com/pdf/providers/skill-nursing-facility-manual.pdf> for these guidelines.