Admission Team Authorization Request Form

All fields on this form must be completed to process the authorization request appropriately. Once the form is complete, please fax to (313) 664-5057.

Authorization requests can also be submitted online by logging into hap.org and selecting the "Authorizations" icon. Status of the authorization can be viewed by logging into the HAP website or by calling 313-664-8833 option #3.

Requests for acute care hospital admissions (observation and inpatient) can also be submitted to the Admission team by calling 313-664-8833 option# 3.

Member ID (11 digits):	**Member Name (first and last):**
Member Date of Birth (mm/dd/yyyy):	**Member Phone Number:**
Ordering Provider Information	**NPI:**
	Name (first and last):
	Phone Number:
	Fax Number:
	Address:
Hospital	**NPI:**
	Name:
	Phone Number:
	Address:

Admission Team Authorization Request Form

Contact Person Name and Direct Phone Number:
Date of Admission:
Event Type (choose one): • **Emergent Inpatient Admission** • **ElectiveSurgical/Medical Inpatient Admission**
Diagnosis Code(s):
Surgical Procedure Name (if applicable) with CPT code:

Imaging results:	**Vital signs:**
Plan of Care:	**Labs:**

Supporting Clinical Information:
Other Comments: