Provider Request to Change Existing Authorization

3320 Tully Road
Modesto, California 95350
209/572-6900
Fax: 209/572-6909

This form is to be used when requesting changes to an existing authorization. Please complete the form and fax back to AllCare Medical Management along with supporting documentation.

****FAX to AllCare Medical Management at (209) 572-6909****
If you have questions, please call Customer Service, (209) 550-5200. Thank you.

Date: ____________

Sender's Name: ____________________ Office: ____________________________________
Phone: ________________ Ext.: ______________ Fax: ___________________________

Authorization Number: ____
Member Name: ____
DOB: ______________________ ID#: ______________________

Date Changes – (Please indicate which date you need changed and the reason.)

☐ Change authorization effective date to ______________________.

☐ Extend authorization expiration date to ______________________.

Reason: ____.

Provider Changes - (Please indicate which date you need changed and the reason.)

☐ Change Requesting Provider to ____________________________.

☐ Change Requested (or referred to) Provider to ____________________________.

☐ Change Requested Facility to ______________________________.

Reason: ____.

Code Changes – Supporting documentation/chart notes must be submitted. Requests submitted without will be returned as incomplete. *If more than one, attach list on separate sheet.*

☐ Change Quantity of Code _______________ from ________ to _________.

☐ Add Code ____________________ with a quantity of __________________.

☐ Delete Code ________________.

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This fax is intended only for the use of the addressee and may contain information that is privileged or confidential and is exempt from disclosure under applicable law. This includes, but is not limited to, the federal Health Insurance Portability and Accountability Act (HIPAA) of 1996 and the privacy regulations of the Department of Health and Human Services. If you received this fax in error please notify us immediately by telephone.