



Horizon NJ Health

Date of Request: _____

In place of this form, you can submit Authorization Requests Online securely via Navinet. If you are not registered, please visit Navinet.net and click Sign Up or call Navinet Customer Care at 1-888-482-8057.

OFFICE / HOSPITAL PROCEDURE REQUEST FORM

Requirements: Clinical information and supportive documentation should consist of office visit notes and recent diagnostics. Test results must be submitted to support request for approval. Notification required for any date of service change. Please complete this form in its entirety, in order to prevent processing delays.

Fax completed form to Horizon NJ Health 1-609-583-3026 for Obstetrical Ultrasound requests. Fax completed form to Horizon NJ Health 1-609-583-3014 for all other requests.

General Information

Member Name: _____ Member ID #: _____ DOB: _____
Provider Contact Name: _____ Phone #: _____ Fax #: _____
List Any Additional Insurance: _____
Policy Name/Number: _____
GEMS Authorization # (pregnant members) _____

Medical Information Needed

Date/Date Range of Service: _____
Days/Units Requested: _____
Primary Diagnosis: _____ Other Chronic Diagnosis: _____
ICD 10 Codes: _____
ICD 10 Codes: _____
Procedures(s) Requested: _____
CPT Codes Requested: _____
Requesting Provider: _____ ID# & NPI#: _____ TIN#: _____
Servicing Provider: _____ ID# & NPI#: _____ TIN#: _____
Location of Service: [] MD Office [] Outpatient Hospital [] Other
If Hospital, provide facility name: _____ NPI# _____

Patient Procedures: In Office or Outpatient & Treatments

[] Office Procedure [] Sleep Studies [] Wound Care [] Labs
EDC _____ by LMP or Ultrasound EGA _____
[] OB Ultrasound (due date) (gestational age in weeks)
[] Other _____

Previous Treatments/ Medications: _____