



Horizon Blue Cross Blue Shield of New Jersey

Three Penn Plaza East  
Newark, NJ 07105-2200  
www.HorizonBlue.com

## POST ACUTE FACILITY CARE AUTHORIZATION REQUEST FORM

Date of Request: \_\_\_\_/\_\_\_\_/\_\_\_\_

**For Acute Rehab, Subacute & SNF requests:** Prepare the following information and call **1-844-243-3450** to speak with a PAF Managed Care Coordinator.

**For LTAC requests:** Complete this form and fax it, along with legible and current H&P/PT/OT/ST notes to **1-973-274-2382** or **1-973-274-2367**.

### Originating Facility Information (Required):

Hospital Name: \_\_\_\_\_

Contact Name: \_\_\_\_\_

Contact Phone: \_\_\_\_\_ Contact Fax: \_\_\_\_\_

### Ordering Physician Information (Required):

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

### Patient Information (Required):

Member Name: \_\_\_\_\_ DOB: \_\_\_\_/\_\_\_\_/\_\_\_\_

Subscriber ID # (including all letter prefixes): \_\_\_\_\_

Primary Diagnosis: \_\_\_\_\_ Estimated Discharge Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

*Dx Codes 799 or 999 will not be accepted.*

### Facility transferring to (Required): *Requests with multiple facility names and/or levels of care will not be accepted*

Facility Name: \_\_\_\_\_ County: \_\_\_\_\_

Contact Name: \_\_\_\_\_ Contact phone: \_\_\_\_\_

Level of Care Requested: (Check one)  LTAC  Acute  SNF  Sub Acute

Special Notes (optional) (for example: IVAB, wound care, vent and trach, etc.)

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