

Authorization Request Form (Physician)

GENERAL INFORMATION ABOUT AN AUTHORIZATION REQUEST

Some Zing Health covered medical care require an approved authorization for services to be covered and reimbursed under the member's Zing Health benefit coverage.

Your office will most likely complete the documentation for the member since you have the clinical information that we will need to review the request. However, the member may also complete the request and Zing will reach out to your office to obtain the needed information.

You are not required to use the Authorization Request Form to request authorization for a member, however, we find it helpful in collecting all the information that we will need from you and avoid delays in processing.

The authorization number is a number that Zing Health will generate for your reference once we receive and begin processing the request. An authorization number does not constitute approval of the request. Information for all other fields is needed to perform a full and fair review of your request.

For non-urgent requests, please allow up to 14 calendar days for a response. We will notify you verbally and/or in writing of our decision.

SUBMITTING THE COMPLETED REQUEST

Please send the completed request to the contact below:

Authorization Requests for Medical Care

Zing Health

Attn: Prior Authorization

303 W. Madison St., Ste. 800

Chicago, IL 60606

Fax: 1-844-946-4458

Email: prior_auth@myzinghealth.com



AUTHORIZATION FORM

AUTHORIZATION REQUEST

Authorization #

Date of Request

PROVIDER INFORMATION

Name

Address

City, Zip Code

Phone

Fax

Contact Person

PATIENT INFORMATION

Name

Member ID#

DOB

SERVICE REQUESTED/PLAN OF TREATMENT FOR

REQUEST

Date of Service (DOS)

Service Requested

Diagnosis (ICD - 10 Code(s))

CPT Code(s)

Provider/Facility

Phone No.

Address

City, Zip Code

Procedure

Other

CLINICAL INFORMATION

Service Provider Instructions:

- Verify member eligibility and benefits prior to rendering service
- Submit written authorization request for services in italics in the Evidence of Coverage Medical Benefit Chart to:

Zing Health

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