



855 Front Street | P.O. Box 4759 | Helena, MT 59601-0759
Phone 800-332-6102 or 406-495-5000 | Fax 406-495-5020
Fraud 888-MT-CRIME or 888-682-7463 | TDD/TYY 406-495-5030
montanastatefund.com | safemt.com

PROVIDER REQUEST FOR AUTHORIZATION FAX FORM TO 406-495-5020

Must be completed by **Provider:**

No authorization or pre-certification for services will be considered without appropriate office or treatment notes. Notes may be submitted with this form.

REQUEST DATE: _____

PATIENT NAME: _____

MSF CLAIM NUMBER: _____

REQUESTING PROVIDER: _____ PROVIDER CONTACT PERSON: _____

PROVIDER PHONE: _____ PROVIDER FAX: _____

INSURER AUTHORIZATION AND/OR PRE-CERT REQUESTED FOR:

PLEASE DESCRIBE ANY HARDWARE, PROSTHESES, OR GRAFT MATERIALS (SYNTHETIC OR ALLOGENIC) THAT MAY BE UTILIZED AS A PART OF A SURGICAL PROCEDURE:

DATE OF SERVICE (IF SCHEDULED): _____

NAME & LOCATION OF FACILITY: _____

COMMENTS:

Must be completed by **Montana State Fund:**

AUTHORIZATION IS GRANTED Y E S N O DATE _____

COMMENTS: If approved, authorizations are only valid for 60 days unless otherwise noted.

GIVEN BY _____
Name Telephone#

The confidential information contained in this printing is intended for specific persons associated with this claim. Please keep this information strictly confidential and properly destroy it when it is no longer necessary for record keeping purposes.