



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 30 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.**