AUTHORIZATION REQUEST FORM
(PROVIDER)

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. Please refer to the Authorization List in your provider manual to see if the service you are requesting requires prior authorization. You may also contact Zing's Customer Service at 1-866-946-4458 to speak with a representative to help you.

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 we will reach out to your office to obtain the needed information. All information for all fields is needed to perform a full and fair review of the request.

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.

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
P.O. Box 6589
Chicago, IL 60606
Fax: 1-844-946-4458
Email: prior_auth@myzinghealth.com

AUTHORIZATION REQUEST FORM

Zing HEALTH™

AUTHORIZATION REQUEST

Authorization #

Date of Request

REQUESTING PROVIDER INFORMATION

Name

Address

City, Zip Code

Phone

Fax

Contact Person

NPI, EIN

PATIENT INFORMATION

Name

Member ID#

Date of Birth

SERVICE REQUESTED/PLAN OF TREATMENT FOR

REQUEST

Date of Service (DOS)

Service(s) Requested

Diagnosis (ICD - 10 Code(s)

CPT Code(s)

Servicing Provider/Facility

Phone No.

Address

City, Zip Code

Procedure

Other

CLINICAL INFORMATION