

# Authorization Change Request Form



***ALL fields must be completed in order for this request to be processed.  
Incomplete forms will NOT be processed.***

**Why Use This Form:** If you need to change a *facility name, dates of service or number of units/days* on an existing authorization. This form is NOT intended to add codes to an existing authorization. For approval of additional services, please submit a new authorization request.

**Fax This Form To:** 1-833-903-1067

Requestor Information	
Date of Request:	Name of Requestor:
Requestor Contact Information:	
Member Information	
Member Name:	Member Date of Birth:
Member ID:	Authorization Number:
Authorization Change(s) Being Requested (Check all that apply)	
<input type="checkbox"/> Date of Service Change	
Current Date(s) of Service:	New Date(s) of Service:
<input type="checkbox"/> Change in number of Units/Days/Visits	
Current # of Units/Days/Visits:	New # of Units/Days/Visits:
<input type="checkbox"/> Servicing Provider*	<input type="checkbox"/> Servicing Facility*
<i>*Changes to non-participating Providers or Facilities may be subject to denial based on the member's benefit plan.</i>	
If Selected Change to Servicing Provider and/or Facility, please complete the following:	
Servicing Provider/Facility Information	Servicing Provider/Facility Information
CURRENT Servicing Provider Name:	NEW Servicing Provider Name:
CURRENT Servicing Provider NPI:	NEW Servicing Provider NPI:
CURRENT Servicing Provider TIN:	NEW Servicing Provider TIN:
CURRENT Servicing Facility Name:	NEW Servicing Facility Name:
CURRENT Servicing Facility NPI:	NEW Servicing Facility NPI:
CURRENT Servicing Facility TIN:	NEW Servicing Facility TIN:
<input type="checkbox"/> Yes <input type="checkbox"/> No New Servicing Provider/Facility is currently participating in the Bright Health Network. <i>If New Servicing Provider/Facility is not currently participating in Bright Health Network, please complete the following:</i>	
New Provider/Facility Address:	
New Provider/Facility Phone #:	New Provider/Facility Fax #: