Authorization Change Request Form

How to Use

Need to make a change to an authorization?

The authorization change request form can be used when Providers need to change any of the following items on an existing authorization.

1. Servicing Provider or Facility Name
2. Dates of Service for a planned procedure
3. The number of days/units/visits needed for a specific service

Use this form when you need to change information on a pending or approved authorization.

Note that the form is not intended to add codes to an authorization. For an approval of additional services, please submit a new authorization request.

Where can I find the authorization change request form?

The form can be found on
1. Availity.com > Payer Spaces > Resources
2. Brighthealthplan.com > For Providers > Prior Authorization

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How do I submit the authorization change request form?

Fax the completed form to the Utilization Management Department at **1-833-903-1067**.

For additional information about Utilization Management or how to submit authorizations electronically, visit Bright Health's Provider Portal, Availity.com or brighthealthplan.com.