HealthPlan OF SAN MATEO

AUTH Correction Form

Please fax this completed form with AUTH. to **650.829.2079.**

All requests must be typed and include supporting documentation to be considered complete. Incomplete or illegible forms will be returned without being processed by HPSM. Any new procedure not included in any authorization will not be accepted. HPSM will not add units to an existing auth, please submit a new request and request to change the end date of the existing.

Correction Date:		AUTH #:
Provider Name:		NPI #:
Provider Phone:	Ext.	Fax:
Members Name:		
Member ID #:		Date of Birth:

Please check requested change. If applicable, use the comment space provided to state specific information.

Add modifier: to procedure code:

Change modifier for procedure code: ; New modifier:

Change procedure code. Old procedure code: New procedure code:

> Can only change codes in the same family and if no claims have been paid

Change date of service.   Old end date: New end date:

> Only if applicable to start of a new authorization. Please submit an auth request form for new services along with correction form for current auth:

Change Provider ID Number:

Change Facility ID Number:

Comments for HPSM reviewer:

Contact Person:

Signature: