



**of Tennessee**  
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P.O. Box 180205  
Chattanooga, TN 37402  
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CONFIDENTIAL INFORMATION

## Medicare Advantage PFFS<sup>SM</sup>

### SNF/Inpatient Rehab Advance Determination Fax Form

Member Name \_\_\_\_\_ Medicare Number \_\_\_\_\_

Member ID Number \_\_\_\_\_ DOB \_\_\_\_\_

Services requesting \_\_\_\_\_ Number Requesting \_\_\_\_\_

Diagnosis \_\_\_\_\_ ICD9 Code \_\_\_\_\_ DOS \_\_\_\_\_

Co-morbidities \_\_\_\_\_

Check all that apply:      Alert and Oriented \_\_\_\_\_  
    Willing and able to participate \_\_\_\_\_  
    Follows commands \_\_\_\_\_

Plan of Treatment

- >Speech \_\_\_\_\_
- >Occupational \_\_\_\_\_
- >Physical \_\_\_\_\_

Surgery Type \_\_\_\_\_ Surgery Date \_\_\_\_\_

Facility Name \_\_\_\_\_ Facility Number \_\_\_\_\_

NPI \_\_\_\_\_ Tax ID# (last 5 digits) \_\_\_\_\_

Address \_\_\_\_\_

Phone \_\_\_\_\_ Fax \_\_\_\_\_

Contact Person \_\_\_\_\_ Phone \_\_\_\_\_

Requesting Physician \_\_\_\_\_ Phone \_\_\_\_\_

Provider# \_\_\_\_\_ NPI \_\_\_\_\_ Tax ID# (last 5 digits) \_\_\_\_\_

**Call In Advance Determinations                    1-800-924-7141**  
**Fax In Advance Determinations                1-888-535-5243 or 1-423-535-5243**  
**Customer Service   1-800-841-7434 or 1-888-423-9490 TTY (hearing impaired),**  
**Mon – Fri, 8 a.m. – 9 p.m., ET, seven days a week.**

From March 2 to September 30, you may be required to leave a voicemail on holidays and weekends. Your call will be returned within one business day.