SecurityHealth Plan℠
Promises kept, plain and simple.®

1515 North Saint Joseph Avenue
PO Box 8000
Marshfield, WI 54449-8000

1.800.548.1224

Office hours:
Monday – Friday, 8 a.m. to 5 p.m.

Medicare Advantage

Coverage Inquiry Request

Date _____

Member information		
Member name (print)	SMID/Subscriber no.	Date of birth (m/d/y)
Provider information		
Provider name (print)	NPI number	Telephone number
Provider address		Fax number
Referring/Ordering provider name (print)	NPI number	Telephone number
Provider address		Fax number
Facility name	NPI number	Tax ID number
Facility address		
Requested treatment or service		
Date of onset (m/d/y)	Date of initial treatment (m/d/y)	ICD code(s)
CPT code(s)	HCPCS code(s)	

Please submit medical documentation with this request.

☐ **Standard request** (determination will be made no later than 14 calendar days after receipt of the request for an organization determination)

☐ **Expedited request** (waiting for a decision under the standard time frame could place the member's life, health or ability to retain maximum function in serious jeopardy)

HP-00154-109 (01/17) Effective 8/2014
Y0117_MC-778-2238-C-01-17

By signing this form, the provider attests that the above information is accurate and documented in the medical record. Security Health Plan may, at its discretion, request medical records to make a final coverage determination.

_____ _____

Provider signature Date

Mail or fax form to:
Security Health Plan
Health Services Department
PO Box 8000
Marshfield, WI 54449-8000
Fax 715.221.6616

Marshfield Clinic providers route to:
Health Services Department
Routing location, SHP

If you have any questions, please call our Provider Assistance line at 1.800.548.1224.

