

# Assign a Type of Care

-  **Care Type**  
Pick a starting point
- 2** Sub care type & dates  
Narrow down your options
- 3** Care Details  
Providers types & more

## Appeal

Questions? Click here to review guidelines to start an Appeal.

START

## Complaint

Click here to learn more about what members can do when they disagree with a decision by a plan.

START

## Pre-Authorization

Please click here to review which procedures and services require prior authorization.

START

## Program Enrollment

(Referral to a program) typically used in cases where a referring provider is requesting SUD, MH, programs.

START

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[1 Mo](#) [2 Mo](#) [3 Mo](#) [6 Mo](#) [1 Yr](#)

From Date  
03/25/2020



To Date  
03/25/2021



## Medical

Submit a Medical Prior Authorization

START

## Pharmacy

Submit a Behavioral Health Prior Authorization

START

[BACK](#)

## Member Details

Member: UHA/UHA\_CCO #IF301F1X - TESTY TESTER - 01/20/1972 - (07/01/2014 to None)

Enter Alternate Payee Information

## Authorization Details

Care Type: [Medical](#)

Dates: Start: [03/25/2020](#) End: [03/25/2021](#)

Urgency:

Referring Provider: [Graham, Michael, PA-C \(NPI: 1437641404\) - CMG East LLC dba Evergreen Family Medicine](#)

Delivering Provider: [Required](#)

Auth/Referral Type:

Facility: [None](#)

Multi-Service Line (MSL): No

Notifications:  Notify me when this auth is approved, denied, or cancelled

Diagnosis Code(s): [Required](#)

Diagnosis Code Group(s):

## Services

No services selected. Click "Add" to enter a service.