AmeriHealth Caritas Delaware
Christiana Executive Campus
220 Continental Drive, Suite 300
Newark, DE 19713

AmeriHealth Caritas Delaware

Complete all requested information below and fax to AmeriHealth Caritas Delaware at 1-866-497-1384. Authorization is based on medical necessity. Incomplete information or illegible forms will delay processing.
If you have any questions, please call the Utilization Management Department at 1-855-396-5770.

Date: _____

Member Information		
Member Name	**Member ID**	**Date of Birth**
Diagnosis	**ICD-10 Code**	
Pertinent Clinical Information/Medical History		

New request? ☐ Yes ☐ No	**Ongoing request?** ☐ Yes ☐ No
Ordering Physician	**Physician signature**
Physician Phone	**Physician NPI Number**
Physician Address	

In-Home Unskilled Respite					
Procedure Code	**Code Description**	**Start Date**	**End Date**	**# of Units/Hours**	**UM Auth #**

In-home Skilled Respite					
Procedure Code	**Code Description**	**Start Date**	**End Date**	**# of Units/Hours**	**UM Auth #**

Out of Home Respite					
Procedure Code	**Code Description**	**Start Date**	**End Date**	**# of Units/Hours**	**UM Auth #**
Emergency Respite					
Procedure Code	**Code Description**	**Start Date**	**End Date**	**# of Units/Hours**	**UM Auth #**
Please contact Clinical Care Coordinator for assigned FMS:					
Servicing FMS (Financial Management Service), Agency or Facility Provider					

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Provider Name	**Provider NPI Number**
Provider Address	
Provider Phone	**Provider Fax**
Contact Name	**Contact Phone**