

# Transplant Authorization Request



**FIDELIS CARE®**

**FAX TO: (866)753-5659**

**Save time! Submit and review your requests online @ [https:// provider.fideliscarenj.com](https://provider.fideliscarenj.com)**

<b>Requestor's Name:</b>		<b>Fax:</b>		<b>Phone:</b>		<b>Ext.</b>	
<b>MEMBER</b>							
<b>Fidelis Care ID:</b>		<b>Last Name:</b>		<b>First Name, MI:</b>			
<b>Medicaid/Medicare #:</b>		<b>Phone Number:</b>		<b>Date of Birth:</b>			
<b>REQUESTING PROVIDER</b>							
<b>Fidelis Care ID:</b>		<b>Provider/Facility Name:</b>					
<b>Address:</b>		<b>City, State, Zip:</b>					
<b>Phone:</b>		<b>Fax:</b>		<b>NPI/Tax ID:</b>			
<b>SERVICING FACILITY</b>							
<b>Fidelis Care ID:</b>		<b>NPI/Tax ID:</b>					
<b>Facility Name:</b>		<b>Phone Number:</b>			<b>Fax Number:</b>		
<b>Address</b>		<b>City, State, Zip:</b>					
<b>TREATING PROVIDER</b>							
<b>Fidelis Care ID:</b>		<b>NPI/Tax ID:</b>					
<b>Facility Name:</b>		<b>Phone Number:</b>			<b>Fax Number:</b>		
<b>Address:</b>		<b>City, State, Zip:</b>					
<b>TRANSPLANT INFO</b>							
<b>Global Surgery:</b> <input type="checkbox"/> Transplant Consultation <input type="checkbox"/> Transplant Evaluation <input type="checkbox"/> Transplant Listing <input type="checkbox"/> Actual Transplant							
<b>Transplant Type:</b> <input type="checkbox"/> Bone Marrow <input type="checkbox"/> Solid Organ <input type="checkbox"/> Islet Cell <input type="checkbox"/> Stem Cell: Allogeneic / Autologous (Circle One)							
<b>Solid Organ Type:</b>							
<b>Place of Service:</b>							
<input type="checkbox"/> 11 Office <input type="checkbox"/> 19 Off-Campus OPH <input type="checkbox"/> 21 Inpatient Hospital <input type="checkbox"/> 22 On Campus-OPH <input type="checkbox"/> 24 Ambulatory Surgery Center							
<b>Planned Service/Admission Date:</b> ___/___/___				<b>Requested length of stay:</b> _____ <b>days</b>			
<b>Primary ICD-10 Code:</b> _____ <b>Description:</b> _____							
<b>Primary CPT-4 Code:</b>							
<b>Description:</b>							
Please include additional procedures codes, as applicable, in the Clinical Summary below.							
<b>Pertinent Clinical Summary:</b> (Attach supporting clinical records, if necessary).							