



Skilled Nursing Facility Precertification Form

VIVA HEALTH, Inc.
417 20th Street North, Suite 1100
Birmingham, Alabama 35203
Phone: (205) 933-1201

VIVA HEALTH USE ONLY	
<input type="checkbox"/>	Medicare
<input type="checkbox"/>	Commercial
<input type="checkbox"/>	VIVA MEDICARE Me

Return completed form to fax number: 1-205-449-9751 or email to SNFrequest@uabmc.edu
(To receive a determination the same day, the request must be COMPLETE and submitted by 2 pm. Incomplete request may result in a denial or delay in determination)

Patient Name: _____ Date of Birth: _____

Member Number: _____ Other Insurance: _____

Admit Date: _____

MD Requesting Svc.: _____

Hospital Dx.: _____

Past Medical History: _____

Skill: PT OT ST
Nursing: New PEG Wounds/Ostomy IV Meds/ TPN New Trach Med Changes Other Wound
(Clinicals must be within 72 hrs.)

Prior Level of Function: _____

Current Level of Function (PT Notes must be within 72 hrs.): _____

Facility Name: _____ Facility Contact Info: _____

Person Completing Form: _____ Phone: _____ Email: _____

This approval does not authorize services not covered by the benefits currently provided under the member's benefit plan. For the services to be covered, the member must be enrolled and effective at the time the service is provided.
This facsimile is private, confidential, and intended only for the recipient named hereon. If you receive this transmission in error, please contact VIVA HEALTH's Medical Management Department at (205) 933-1201.