



Pediatric Respite Prior Authorization Request Form

Complete and fax all requested information below including prescription to Delaware First Health at 1-833-967-0502. Authorization is based on medical necessity. Incomplete information or illegible forms will delay processing.

Questions? Call Customer Service at 1-877-236-1341, Monday - Friday, 8am - 5pm

Date: _____

Member Information		
Member Name	Member ID	Date of Birth
Diagnosis	ICD-10 Code	

Servicing FMS (Financial Management Service), Agency or Facility Provider	
Provider Name	Provider NPI Number
Provider Address	
Provider Phone	Provider Fax
Contact Name	Contact Phone

New request? <input type="checkbox"/> Yes <input type="checkbox"/> No	Ongoing request? <input type="checkbox"/> Yes <input type="checkbox"/> No
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In-Home Unskilled Respite				
Procedure Code	Code Description	Start Date	End Date	Number of Units or Hours

In-home Skilled Respite				
Procedure Code	Code Description	Start Date	End Date	Number of Units or Hours

Out of Home Respite				
Procedure Code	Code Description	Start Date	End Date	Number of Units or Hours

Emergency Respite				
Procedure Code	Code Description	Start Date	End Date	Number of Units or Hours