Hennepin Health
Substitute Health Service Request Form

Please complete this service authorization form for Hennepin Health enrollees

Requests submitted with incomplete data cannot be reviewed
and will be returned to your office.

Fax requests to 612-677-6222 or contact:
Hennepin Health Medical Administration Department at 612-596-1504

ENROLLEE INFORMATION

Enrollee Name: _____ DOB: _____

MA Identification #: _____ Phone: _____ ____

Requesters Name_____ Phone: _____

Requester's Company_____

Provider being referred to: _____

Phone: _____ Fax: _____

Address: _____ City: _____ Zip: _____

Additional Information:

Substitute Service Requested: This must be a service or equipment outside of the benefit set.

_____

Covered Service that is being substituted: This must be a covered benefit.

_____

_____

Cost-effectiveness: List why the requested Substitute Service is more cost effective (costs less) than the covered service. Be as specific as possible.

_____

_____

_____

Enrollee Member Name: _____

Benefit to the health, quality of life and safety for the enrollee: List why the Substitute Service increases the health, quality of life and safety for the enrollee.

_____

_____

_____

Date(s) of Service: _____

Please Attach Relevant Medical Documentation

Comments: _____

_____