Don't want to fax anymore? You could be getting time-saving benefits, including automatic approvals and guided submissions by using the portal. Registration only takes a few minutes, and unlocks access for all users at your practice organization. **Visit www.coherehealth.com/register to begin.**

Patient information

Patient first name *required	Patient last name *required
Member ID *required	Date of birth (MM/DD/YYYY) *required

Requestor information

Requestor first name *required	Requestor last name *required
Requestor email *required	Requestor phone number *required
Requestor fax number *required	Requestor type (please ☒ one of the following options) *required ☐ Ordering provider ☐ Performing provider ☐ Facility

Diagnosis codes

Primary diagnosis code *required	Secondary diagnosis code	Secondary diagnosis code

Service details

Start date (MM/DD/YYYY) *required	End date (MM/DD/YYYY)

Place of service (please ☒ one of the following options) *required

☐ Office   ☐ Off Campus-Outpatient Hospital   ☐ On Campus-Outpatient Hospital

Procedure codes

CPT/HCPCS code 1 *required	Units *required	CPT/HCPCS code 6	Units *required
CPT/HCPCS code 2	Units	CPT/HCPCS code 7	Units
CPT/HCPCS code 3	Units	CPT/HCPCS code 8	Units
CPT/HCPCS code 4	Units	CPT/HCPCS code 9	Units
CPT/HCPCS code 5	Units	CPT/HCPCS code 10	Units

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Ordering provider

Name *required		Street address
City	State	Zip code
National Provider Identifier (NPI) *required		Taxpayer Identification Number (TIN) *required
Fax number		Phone number

Treating facility

Name *required		Street address
City	State	Zip code
National Provider Identifier (NPI) *required		Taxpayer Identification Number (TIN) *required
Fax number		Phone number

Expedite request

☐ Expedite this request	In order for a case to be expedited the physician (or other clinician) must indicate that applying the standard timeframe could seriously jeopardize the life or health of the patient or the patient's ability to regain maximum function. If the date of service is greater than 3 days in the future, please DO NOT submit this request as expedited.
Please provide physician (or other clinician) justification	
Physician (or other clinician) signature	

Please attach any relevant clinical documentation to this form and fax it to Cohere.

Have a question about this form?
Visit https://payerinfo.zendesk.com/hc/en-us/categories/10629830321047-Fax-Forms-and-Resources

Fax forms are updated periodically to reflect the most recent authorization requirements
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