



CONNCUR PREPAYMENT PROGRAM

REQUEST FOR PREPAYMENT REVIEW: GENERAL HOSPITAL ADMISSIONS WHEN AUTHORIZATION COULD NOT TO BE OBTAINED DUE TO ELIGIBILITY STATUS DELAY.

INSTRUCTIONS:

Complete all items on this form and fax to: QUALIDIGM/CONNCUR with a copy of the utilization review of the first 5 days of the admission. Or mail to:

QUALIDIGM
CONNCUR PREPAYMENT Program
1111 Cromwell Avenue, Suite 201
Rocky Hill, CT 06067-3454

FAX: 860-635-3628
PHONE: 800-628-7337

This form may be used **only** for those hospitalizations that meet the Department of Social Services' requirements for "**Request for Prepayment Review of General Hospital Admissions When Prior Authorization was Unable to be Obtained due to Eligibility Status Delay.**" **The Date of the Request to Qualidigm must be ten (10) calendar days or less from the Date Eligibility is Identified.**

For questions regarding receipt of records please call (860) 632-6311. All other questions regarding this program should be addressed to Margaret Butkovich at (860) 632-3727.

RECIPIENT NAME _____ DATE OF BIRTH _____
MEDICAID # _____ MEDICAL RECORD # _____
DATE OF ADMISSION _____ DATE OF DISCHARGE _____
ATTENDING PHYSICIAN _____ LICENSE# _____
PHYSICIAN ADDRESS _____
PHYSICIAN TELEPHONE # _____
HOSPITAL _____
REQUESTING PARTY _____
TITLE _____
TELEPHONE# _____
DATE ELIGIBILITY IDENTIFIED _____
DATE OF REQUEST _____

COMMENTS: _____

