



## **Non-Marshfield Clinic Health System Provider Authorization**

Thank you for choosing Marshfield Clinic Health System (MCHS) as your rendering location. To ensure appropriate patient information as well as authorization documentation, provide the following below. It is the responsibility of the ordering provider's office to be reviewing and obtaining authorizations for services rendered at MCHS.

If your office needs one of MCHS NPI/TAX ID information, email your request to [par@marshfieldclinic.org](mailto:par@marshfieldclinic.org).

Name _____
Date of birth _____
Parent/Guardian if minor _____
Address _____
Phone _____

<b>Medical Insurance</b>
(Be sure to include all insurances and copy of card, if you do not have a copy of the insurance card, provide all appropriate information such as ID, group number, address, contact information): _____
_____
_____
_____

Procedure description _____
CPT code _____
ICD10 and description _____
Rendering provider _____
Location of services _____
Date of services _____
Insurance authorization number and validity dates if authorization required _____
Name and call reference number from insurance _____

Return completed form to [par@marshfieldclinic.org](mailto:par@marshfieldclinic.org).

Thank you for choosing Marshfield Clinic Health System.