Humana
Healthy Horizons™
in South Carolina

Healthy Connections

Provider Notification Form

Please complete form in its entirety and return to:
Email: CorporateMedicaidCIT@humana.com
Fax: **833-441-0950**

Member Information	
Please type or print neatly. Incomplete or illegible forms will delay processing.	
Member name	Today's date (mm/dd/yyyy)
Humana ID#	Date of birth (mm/dd/yyyy)
Provider or Facility	

Determination information (please refer to appropriate determination box below)		
☐ **Authorization of services**	Authorization number	Dates of service
Request for (HCPCS/CPT codes):		

Please note: If this authorization of services does not reflect services initially requested, please contact us immediately. It is the provider's responsibility to ensure all services, service codes, and dates of service are accurate.

☐ **Pending (need additional information and clinical documentation)**	Reference Number	Dates of service

Please send discharge information and include:

- Discharge date and disposition.
- Discharge plans, summary, and instructions.
- Date, time, and death summary if patient is expired.
- Follow-up appointment information, including date, time, and provider contact number.

Additional Information
Additional information may be faxed to **833-441-0950**. If you have any questions, please call Utilization Management at **866-432-0001 Ext. 1500151**.

Please note: Authorization is not a guarantee of payment. Payment is subject to benefit coverage rules, including member eligibility and any contractual and benefit limitations. Providers (practitioners, billing groups, or institutions/facilities) must have an active Medicaid number at the time services are rendered and must not be suspended or excluded from participation in the Medicaid or any other federal health care program.

Disclaimer: An authorization does not guarantee payment by Humana Inc. Responsibility of payment shall be subject to membership eligibility, benefit limitations, and medical necessity.

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