



1333 Burr Ridge Parkway, Suite 100  
Burr Ridge, IL 60527

866-606-3700 (TTY: 711)  
ILmeridian.com

FIRST AND LAST NAME \_\_\_\_\_  
ADDRESS 1 \_\_\_\_\_  
ADDRESS 2 \_\_\_\_\_  
CITY, STATE, ZIP CODE \_\_\_\_\_

DATE

Dear Meridian Provider,

Provider/Group:	Member Name:
Provider Fax:	Member ID:

We cannot process your authorization request due to missing or incomplete information. Please fax a revised authorization request for consideration that includes information related to boxes marked with an "X."

Inpatient Fax: **833-544-1827**    Outpatient Fax: **833-544-1828**

**Refer to boxes marked with an "X."**

- The name of the provider is missing or illegible
- The provider is not an approved Meridian network provider
- The provider's signature is not on the form
- The member's eligibility cannot be verified
- The member's coverage terminated on \_\_\_\_\_
- The initial date of service is missing
- The requested start date is missing

- The requested CPT code is missing
- The diagnosis is missing
- The Risk Assessment is not completed
- An incorrect form was used
- There is incomplete treatment plan information
- The member has active authorization for a similar service. The member must contact Meridian
- Duplicate Request. Original authorization number \_\_\_\_\_
- We cannot backdate your request to start on (date) \_\_\_\_\_
- Please submit a completed OTR within the current month
- Other: \_\_\_\_\_

If you have questions, please call Meridian Provider Services Monday through Friday, 7 a.m. to 5:30 p.m. at **866-606-3700, TTY 711.**

Thank you,

Meridian Behavioral Health Staff

\_\_\_\_\_

Meridian Referral Specialist

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Meridian Behavioral Health Utilization Manager

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