



FROM



# REQUEST FOR WRITTEN ACKNOWLEDGMENT

Complete and **Fax** to:

**Medical:** 833-603-2871

**Behavioral Health:** 833-792-2720

**Attention:** When requesting written acknowledgment, this form must be included as an attachment along with all documents being submitted for utilization review. Forms received without Prior Authorization form, Concurrent Review, face sheet, medical records, etc. will not be honored.

**\* Indicates Required Field**

**\*Provider Name**

**\*Provider Fax Number**

**\*Number of Pages Included**

**Provider Phone Number**

**ALL REQUIRED FIELDS MUST BE FILLED IN.  
INCOMPLETE FORMS WILL BE REJECTED AND WRITTEN ACKNOWLEDGMENT WILL NOT BE RECEIVED.**

Ambetter from Louisiana Healthcare Connections complies with all provisions of Louisiana 2023 Regular Session Act No. 312, including:

§1260.42. E (3) Documented prior authorization program; requirements

Upon request of the provider, a health insurance issuer or a utilization review entity shall remit to the provider written acknowledgment of receipt of each document submitted by a provider during the processing of a utilization review.

§1260.41. (13) Definitions

"Utilization review" means a set of formal techniques designed to monitor the use of or evaluate the clinical necessity, appropriateness, efficacy, or efficiency of healthcare services, procedures, or settings. Techniques for application include but are not limited to ambulatory review, second opinion, certification, concurrent review, case management, discharge planning, reviews to determine prior authorization, and retrospective review. "Utilization review" does not include elective requests for clarification of coverage.

**DISCLAIMER**

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