



**Pediatric Financial Management Service and  
Self-Directed Attendant Care  
Prior Authorization Request Form**

Complete and fax all requested information below to Highmark Health Options at **1-855-445-4239**. Authorization is based on medical necessity. Incomplete information or illegible forms will delay processing.

**Questions?** Call Utilization Management at 1-844-325-6251, Monday – Friday, 8 a.m. – 5 p.m.

Date: \_\_\_\_\_

Member Information		
Member Name	Member ID	Date of Birth
Address		Primary Phone Number
City	State	
ZIP Code	County	

Code and Description		
ICD 10 Code	Code Description	Caregiver Name and Relationship
Hours Per Week	Service Start Date	Additional Information

Servicing Financial Management Service (FMS), Agency, or Facility Provider	
Provider Name	
Provider Address	
Provider Phone (if applicable)	
Contact Name (if applicable)	Contact Phone (if applicable)

Case Manager Information		
Case Manager Name	Email Address	Phone Number

Utilization Management Review Nurse		
UMR Name	Email Address	Phone Number