



EmblemHealth Extension Request for a Current Authorization

Please use this form to request an extension on the time frame of visits already authorized but not yet utilized. Advise your patient that he or she must be compliant with therapy.

Only one date extension will be granted. Any remaining visits after this date will be forfeited. The patient will be required to return to his or her physician for re-evaluation to determine if further therapy is needed.

Benefit extension contact numbers

Phone: **1-800-223-9870**

Fax: **1-212-967-2995**

Your office may call the Benefit Extension Department after one business day to check the status of a request.

Date of this request and direct office contact:		Name of provider rendering service and phone no: ()	
Patient first name:		Patient last name:	
Patient date of birth: ____/____/____	Policy holder certificate/alt ID no:	GHI reference/authorization no:	
Number of visits originally authorized: _____ From: ____/____/____ To: ____/____/____			
How many visits used within original authorization period? _____			
Reason(s) why patient was noncompliant in his or her continued therapy?			
The date you would like to extend the authorization to (one date extension is permitted for a maximum of 90 days from the original start/from date): ____/____/____			