SERVICE LIMITS PRIOR AUTHORIZATION REQUEST

ND DEPARTMENT OF HUMAN SERVICES
MEDICAL SERVICES DIVISION
SFN 481 (Rev.4-2010)

Clear Fields

Send to: Medical Services Division
ND Department of Human Services
600 E Boulevard Ave, Dept. 325
Bismarck, ND 58505
Fax: (701) 328-0377

PROVIDER INFORMATION

Billing Provider Name	Billing Provider Number	Telephone Number	Fax Number

Address	City	State	Zip Code

RECIPIENT INFORMATION

Last Name, First Name, Middle Initial	Medicaid ID Number	Sex	Date of Birth
		☐ Male ☐ Female	

Check Area(s) of Request:

- ☐ Chiropractic Manipulation Visit
- ☐ Physical Therapy Visits/Evaluation
- ☐ Psychotherapy Visits (PHD, MSW, etc.)
- ☐ Occupational Therapy Visits/Evaluation
- ☐ Speech Therapy Visits/Evaluation
- ☐ Psychology Testing
- ☐ Psychology Evaluation

Explain nature of request (retro or future) including medical necessity:

* Please attach care plan if applicable

Additional visits/therapies requested:

Referral Type ☐ Retro ☐ Future	Number of Visits Requested	Start	End Date

Date of Last Service Limit Request	Signature of Requesting Provider	Today's Date

STATE USE ONLY

Remarks: ☐ Approve ☐ Deny	Number of Visits Approved	Start Date	End Date

Comments

Signature

Service Limits Prior Authorization Form SFN 481 is available online in a fillable format at: http://www.nd.gov/eforms