# SERVICE LIMITS PRIOR AUTHORIZATION REQUEST

ND DEPARTMENT OF HUMAN SERVICES
MEDICAL SERVICES DIVISION
SFN 481 (Rev. 6-2009)

Clear Fields

**Send to:** Medical Services Division
ND Department of Human Services
600 E Boulevard Ave, Dept. 325
Bismarck, ND 58505
**Fax: (701) 328-1544**

## 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
- ☐ Psycho Therapy Visits (PHD, MSW, etc.)
- ☐ Occupational Therapy Visits/Evaluation
- ☐ Speech Therapy Visits/Evaluation
- ☐ Psychology Testing

**EXPLAIN NATURE OF REQUEST (RETRO OR FUTURE) INCLUDING MEDICAL NECESSITY:**

*** PLEASE ATTACH CARE PLAN IF APPLICABLE**

**Additional Visits/Therapies Requested:**

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

| REMARKS: **(STATE USE ONLY)** ☐ 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.**
**Go to: http://www.nd.gov/eforms**