Authorization Revision Request Form for Providers

Provider Name

Date of Revision Request

Member Name

iCircle Member Number

Care Manager Name

Change Requested Category	Authorization Number	Revision Needed
Service Dates		
NPI Number		
CPT/HCPC Code		
Units		
Diagnosis		
Other		

Brief Description for Change Requested

*** Please Note; Most iCircle MLTC Services require Prior-Authorization. Providers are obligated to ensure accurate information is on the authorization upon receiving it.**
*** Authorization Revision needs will not effect Provider's Timely Filing Timeframes for Claim Submission or Appeal Timeframes unless otherwise determined by iCircle MLTC.**
*** Authorizations (and any Authorization Revisions) do not guarantee Payment.**

Return To:

authrevisionreq@icirclecny.org