



PO Box 3378 Honolulu, Hawaii 96801-3378
Phone: 453-6949 Fax: 453-6995

UTILIZATION MANAGEMENT	Provider Authorization Status Inquiry
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All fields are **mandatory**. UM may send back requests that are inaccurate or missing fields. The provider may not add additional fields, categories or otherwise amend this form in any way. UM has up to **thirty (30)** days to process any service authorizations requests and will not respond to a provider authorization status inquiry if the date the service was requested is within the thirty (30) day processing window.

Agency Information

Agency Name:		Contact Name:	
Phone:	Fax:	Date of Submission:	Email:

If you have sent in a request for authorization of a service to UM and have not received an authorization, denial, or request for additional information more than **thirty (30) days** after submission of the service authorization request. Please complete the following information to initiate a status inquiry.

Consumer Name	DOB	Date Request was submitted to UM	Date of Admission, Continuation or Discharge	Type of service requested (i.e. SRSP admit, increased units, bed hold, etc.)
1				
2				
3				
4				
5				
6				
7				
8				
9				
10				
11				
12				
13				

If the provider agency has **more than** 13 requests for authorization and have not received a response from UM within thirty (30) days of the original submission call the UM Coordinator at 453-6993