



## Date:



## **Contact Information**

For questions or additional assistance, contact:

Provider Relations 956-632-8308

To enter authorization requests and upload clinical via the Provider Portal, visit <u>driscollhealthplan.com/providers</u>

To verify authorization requirements via the Authorization Requirement Portal, visit <u>driscollhealthplan.com/</u> <u>priorauthcheck</u>

To submit authorization requests or clinical to the UM Dept. via fax, send to 1-866-741-5650

## **Attention: Therapy Treatments Authorization Requirement**

Physical, Occupational, and Speech Therapy Treatments always require prior authorization for both in-network and out-of-network providers, to include when the member has other primary insurance and DHP is secondary payor.

Providers should verify authorization requirements on the DHP Authorization Requirement Website at https://driscollhealthplan.com/priorauthcheck.