

Waiver Service Approval Form

Incomplete, illegible, or inaccurate forms will be returned to sender. All applicable information must be included for timely processing of the request. Allow up to 14 calendar days for processing of this request. Do not use this form for Specialized Equipment and Supplies (T2029).

Form must be completed by UCare Care Coordinator.

Submit form and relevant documentation via:



Fax: 612-884-2185



Email: CLSIIntake@ucare.org



For questions, call: 612-676-6705



To reach a representative, choose option 2, then option 5

Member Information

Name:	Date of birth:
Member ID:	PMI:
Address:	City/State/Zip:

Additional Information

EW Date span:	to	Number of EW services authorized:
MnCHOICES assessment date:		

Care Coordinator Information

Care Coordinator name:	
Phone:	Fax:
Email:	

Service Agreement

Service Description:

Provider Name:	Email Address*:	
EW NPI or UMPI*:	Phone number:	Fax number:
Start date:	End date:	
Frequency:	per	Total units per auth span:
Rate per unit (if negotiated):	CDCS approved amount (if applicable):	
Provide an explanation for the authorization. ** All other changes to existing authorizations, specific details required. <i>*To ensure accurate claims payment, please verify with the provider their email address and billing UMPI or NPI for EW services.</i>		

******If decreasing amount of services, a DTR is required.

Member Information

Name:	Member ID:
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Service Agreement

Service Description:

Provider Name:		Email Address*:	
EW NPI or UMPI*:	Phone number:	Fax number:	
Start date:		End date:	
Frequency: per		Total units per auth span:	
Rate per unit (if negotiated):		CDCS approved amount (if applicable):	
Provide an explanation for the authorization. ** All other changes to existing authorizations, specific details required. <i>*To ensure accurate claims payment, please verify with the provider their email address and billing UMPI or NPI for EW services.</i>			

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Service Agreement

Service Description:

Provider Name:		Email Address*:	
EW NPI or UMPI*:	Phone number:	Fax number:	
Start date:		End date:	
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