UPMC HEALTH PLAN
Where you belong.

UPMC ACT 62 Treatment Request

Fax Transmittal Form: All requests for authorizations of services under ACT 62 must include this fax cover sheet. Failure to do so may result in the information not being directed to the appropriate recipient and delay or prevent processing of your request.

Fax this form with your request to the following number: 1-888-249-5646.

To: UPMC Health Plan

Attention: ACT 62 Care Manager

Phone # 1-877-822-3167

Date:

Number of pages including cover sheet: _____

From: Organizations name:_____

Contact Person:_____

Phone Number:_____

Fax Number:_____

Comments:

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