



## PROVIDER AUTHORIZATION

State Form 15899 (R5 / 10-18) / OMPP 2021  
FAMILY AND SOCIAL SERVICES ADMINISTRATION

Name of provider	Date (month, day, year)
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### FACILITY INFORMATION

Name of facility		
Department / division		
Address of facility (number and street, city, state, and ZIP code)		
Telephone number (     )	Fax number (     )	TDD number (     )

### PATIENT INFORMATION

Name of patient		Date of birth (month, day, year)
Type of commitment	Health care representative / guardian <input type="checkbox"/> Yes <input type="checkbox"/> No	Other
Insurance number	Medicare number	Medicaid number
590 identification number (do not use if patient has a Medicaid number)		

### AUTHORIZATION

Name of authorized person	Title of authorized person
<p>As an authorized person at the above named facility, I authorize the staff of your facility to provide medical services for the patient named above and referred to your care for services not available in our hospital, according to IC12-27-5-1 and IC 12-27-5-2.</p> <p>If the charge is less than \$150, will assume responsibility for charges incurred by the patient after all Medicare, Medicaid, insurance, etc., have been applied. When services are complete, please submit your statement in duplicate so your payment can be processed.</p> <p>If the charge is \$150 or more, the 590 Program, administered by the Office of Medicaid Policy and Planning (OMPP) should be billed after all Medicare, insurance, etc., have been supplied. Prior approval by the 590 Program is required if charges are \$500 or over. Emergencies do not require prior authorization; however, if the patient has not been enrolled in the 590 Program, the hospital will apply for an identification number.</p> <p>Questions regarding claims submitted to the 590 Program should be directed to the 590 Program Eligibility Analyst, IHCP Member and Provider Relations Unit, P.O. Box 7262, Indianapolis, IN 46207-7262, telephone 1-800-457-4584.</p>	
Signature of authorized person	Date (month, day, year)

### INFORMATION REGARDING REFUSAL OF TREATMENT

The Indiana Code addresses the process used for a patient's refusal of treatment as follows:

**IC 12-27-5-1     Voluntary patients; right to refuse treatment**

Sec. 1. An adult voluntary patient who is not adjudicated mentally incompetent may refuse to submit to treatment or a habilitation program.  
*As added by P.L.2-1992, SEC.21.*

**IC- 12-27-5-2     Involuntary patients, petition to refuse treatment**

Sec.2. (a) An involuntary patient who wants to refuse to submit to treatment or a habilitation program may petition the committing court or hearing officer for consideration of the treatment or program.

(b) In the absence of a petition made under subsection (a), the service provider may proceed with the proposed treatment or habilitation program.

*As added by P.L.2-1992, SEC.21.*