



Request to Extend Service Date of the Authorization

Facility: _____		Date: _____
Contact Person: _____	Phone: _____	Fax: _____
MEMBER INFORMATION		
Member Name: _____	Member ID#: _____	DOB: _____
REASON FOR EXTENSION OF SERVICE DATES		
Authorization # of service dates to be edited: _____		
Total # of visits used within the last authorization period: _____		
Total # of visits remaining within the last authorization period: _____		
New requested end date of authorization: _____		
Reason for Request: _____		

❖ A new authorization approval letter will be created for the requested extension period. Please use the new authorization # listed on the new authorization approval letter to bill for the requested extended service dates.		
Provider Signature: _____		Date: _____

AlohaCare

1357 Kapiolani Blvd., Suite 1250, Honolulu, HI 96814

Phone: 973-1650 (Oahu), or 1-800-434-1002 (NI)

Fax: 973-6324 or 1-800-293-4580