



**MyCareOhio**  
*Connecting Medicare + Medicaid*

P.O. Box 349020  
Columbus, OH 43234  
Telephone #: (855) 322-4079  
Fax #: (877) 708-2116

## Fax Cover Sheet

To: \_\_\_\_\_

From: \_\_\_\_\_

ATTN: \_\_\_\_\_

Sender Phone: \_\_\_\_\_

Fax: \_\_\_\_\_

Sender Fax: (877) 708-2116 \_\_\_\_\_

Nursing Facility Name (and TIN): \_\_\_\_\_

Date: \_\_\_\_\_

Please fax all requests for Molina Dual Options MyCare Ohio (including Medicaid only) members to Molina Healthcare at (877) 708-2116 or call Molina Healthcare Case Intake (855) 322-4079 for an authorization. Molina Healthcare authorizes custodial/long-term residential stays for six month increments. Please call Molina Healthcare Case Intake for either a new authorization or an extension of the existing authorization. This form may be utilized to request skilled care, custodial/long-term residential stays, or hospice. Please place member name, DOB, original date of admission, and authorization type requested on the bottom of this form and fax back to Molina Healthcare. Molina Healthcare will return with the authorization number, date range of approved days, authorization explanation date, and date to call for a new authorization or an extension of an existing authorization.

**CONFIDENTIALITY NOTICE:** This fax transmission, including any attachments, contains confidential information that may be privileged. The information is intended only for the use of the individual(s) or entity to which it is addressed. If you are not the intended recipient, any disclosure, distribution or the taking of any action in reliance upon this fax transmission is prohibited and may be unlawful. If you have received this fax in error, please notify the sender immediately via telephone at the above phone number and destroy the original documents. Thank you.



