Trillium HEALTH RESOURCES

PRIOR AUTHORIZATION REQUEST COVER SHEET

Date of Submission (mm/dd/yyyy)	
To	Trillium Health Resources Physical Health Utilization Management Department
Member name	
Provider/facility name	
Contact person name	
Phone	
Email	
Documents attached (please list):	
Additional Comments:	
Total number of pages (including cover sheet)	

Please fax all requests and accompanying documents (including cover sheet) to 252-215-6875.