



Liberty Healthcare Corporation of North Carolina

REQUEST FOR PRIOR APPROVAL (PA) RESEARCH

Completed form should be faxed to Liberty Healthcare Corporation-NC at 919-322-5942 or 855-740-0200 (toll free). Providers may also email to NCIBilling@libertyhealth.com.

Please allow 5 business days for Liberty Healthcare to research your request(s).

Agency Name: _____

Contact Person: _____ Phone: _____ - _____ - _____

NPI#	First Initial, Last Name	Last 5 of MID	Dates unable to bill	Hours Billed	NC Tracks Denial Code	Modifier Code
_____	____, _____	____-____	____-____	_____	_____	_____
_____	____, _____	____-____	____-____	_____	_____	_____
_____	____, _____	____-____	____-____	_____	_____	_____
_____	____, _____	____-____	____-____	_____	_____	_____
_____	____, _____	____-____	____-____	_____	_____	_____
_____	____, _____	____-____	____-____	_____	_____	_____
_____	____, _____	____-____	____-____	_____	_____	_____
_____	____, _____	____-____	____-____	_____	_____	_____
_____	____, _____	____-____	____-____	_____	_____	_____

Reminder: Prior Approvals will not generate to NC Tracks without the completion of the Service Plan via QiReport.
Providers must verify via NC Tracks a beneficiary is actively enrolled in Medicaid.