



Molina Healthcare of South Carolina – Pre-Service Request Form

LAST UPDATED: 04/2024 PHONE: (855) 237-6178

FAX TO: Marketplace (833) 322-1061; Medicaid (866) 423-3889; Pharmacy/J-code requests (855) 571-3011; MMP - Duals (844) 251-1451; DSNP - Complete Care (844) 251-1450

MEMBER INFORMATION
REFERRAL / SERVICE TYPE REQUESTED
PLEASE SEND CLINICAL NOTES AND ANY SUPPORTING DOCUMENTATION
PROVIDER INFORMATION