



PRIOR AUTHORIZATION REQUEST

Each field must be completed.

Incomplete documentation will be returned to referring provider

Fax completed form to: 833-523-2627



<input type="checkbox"/> Inpatient <input type="checkbox"/> Ambulatory / Outpatient			
MEMBER INFORMATION:			
Member Name & DOB:		Identification Number:	Referring Date:
Member Address:		Member Phone Number:	
ORDERING PHYSICIAN INFORMATION:			
Referring Physician:		Phone Number:	Fax Number:
Referring Physician's Address:		Referring Physician's Signature/License Number:	
TIN/NPI:	Location Code:		
RENDERING PHYSICIAN/FACILITY INFORMATION:			
Refer to (Provider Name):		Refer to (Facility Name):	
Refer to (Provider Address):		Refer to (Facility Address):	
Contact Person:	Specialty:		
Phone Number:	Fax Number:	Phone Number:	Fax Number:
TIN/NPI:	Location Code:	TIN/NPI:	Location Code:
REQUESTED SERVICE/PROCEDURE/COURSE OF TREATMENT			
POS: <input type="checkbox"/> Outpatient Center <input type="checkbox"/> Inpatient Hospital <input type="checkbox"/> SNF/Rehab <input type="checkbox"/> Home <input type="checkbox"/> Hospice <input type="checkbox"/> Office <input type="checkbox"/> Inpatient Psychiatric Facility <input type="checkbox"/> Other			
If Other, please specify:			
Type of Service:	<input type="checkbox"/> Initial <input type="checkbox"/> Extension - Previous Authorization #		
If inpatient, Estimated length of stay: Tentative discharge plan information:			
Units/Volume/Visits Requested:		Frequency/Length of Time:	
HCPCS/CPT CODES:			
Latest ICD Code:	HCPCS/CPT Code:	Code Description:	Medical Reason:
IMPORTANT INFORMATION:			
Please include/attach clinical/office notes, laboratory information, imaging reports, and any guiding documentation to support medical necessity. If this is an out-of-network request, please provide an explanation.			
<input type="checkbox"/> Check box if physician believes that waiting for a decision under the standard timeframe could place the enrollee's life, health, or ability to regain maximum function in serious jeopardy.			
Telephone: 833-991-9909 Fax: 833-523-2627			Rev. 09/28/18