



## Medical Prior Authorization Request Form

**Fax: 1-800-552-8633****Phone: 1-800-452-8633****\*All Medical drug requests should be faxed to the Pharmacy at 1-877-535-1391****All fields are REQUIRED.** An incomplete request form will delay the authorization process☐ **Standard Request**☐ **Standard Request/Quick Response;** Process quickly due to date of Service/scheduling constraints**Pre-Scheduled date of Service****Auth Date needed by****Definition of Expedited/Urgent; Waiting for a decision under Standard timeframe:**

- Could place the enrollee's life, health, safety (of member or others) or ability to regain maximum function in serious jeopardy.
- In the opinion on the practitioner, would subject the member to adverse health consequences without the care or treatment that is the subject of the request.

☐ **Expedited Request****Physician Signature**

<b>Member Information</b>			
<b>Last Name:</b>		<b>First Name:</b>	
<b>ID # A</b>	Date of Birth	Gender F <input type="checkbox"/>	M <input type="checkbox"/>
<b>Requesting Provider Information (Primary Care or Specialist)</b>			
Name	Provider # or Tax ID	NPI	
Telephone/Ext	Fax	Contact Person	
<b>Service Provider or Facility (e.g., Hospital, Surgery Center, DME provider etc.)</b>			
<b>For Non-Par providers, please include: Name, Address, Tax ID, NPI, Phone /Fax Numbers &amp; Contact Person.</b>			
Name	Provider # or Tax ID	NPI	
Telephone/Ext	Fax	Contact Person	
<b>Requested Service - Please Include supporting chart notes, Diagnostic tests &amp; Lab Values when appropriate.</b>			
<input type="checkbox"/> Pre-auth for In Patient Admission	<input type="checkbox"/> Chemotherapy	<input type="checkbox"/> Specialty Lab	<input type="checkbox"/> Transplant
<input type="checkbox"/> Out Patient Surgery	<input type="checkbox"/> Pain Management	<input type="checkbox"/> In Office	<input type="checkbox"/> Out of Network
<input type="checkbox"/> Wound Care	<input type="checkbox"/> Radiation Therapy	<input type="checkbox"/> Durable Medical Equipment	<input type="checkbox"/> Other
<input type="checkbox"/> Clinical Trial	<input type="checkbox"/> Commercial	<input type="checkbox"/> Medicare	<b>No Auth. required for CMS approved clinical trials –Medicare only.</b>
<b>Diagnosis: ICD Code and Description</b>			
Code	Code	Code	
Description	Description	Description	
<b>Procedure: CPT Code/HCPSCS and Description *All Medical Drug codes Fax to 1-877-535-1391</b>			
Code	Description		
Code	Description		
Code	Description		
<b>Provide additional information or changes to be made to an existing authorization below:</b>			

**AN AUTHORIZATION DOES NOT GUARANTEE COVERAGE AND DOES NOT SUPERSEDE ANY MEMBER BENEFIT LIMITS**

August\_2025