



Medical Prior Authorization Request Form

Fax: 1-800-552-8633

Phone: 1-800-452-8633

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:

- o Could place the enrollee's life, health, safety (of member or others) or ability to regain maximum function in serious jeopardy.
- o 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 _____

Member Information			
Last Name:		First Name:	
ID # A	Date of Birth	Gender F <input type="checkbox"/>	M <input type="checkbox"/>
Requesting Provider Information (Primary Care or Specialist)			
Name	Provider # or Tax ID	NPI	
Telephone/Ext	Fax	Contact Person	
Service Provider or Facility (e.g., Hospital, Surgery Center, DME provider etc.)			
For Non-Par providers, please include: Name, Address, Tax ID, NPI, Phone /Fax Numbers & Contact Person.			
Name	Provider # or Tax ID	NPI	
Telephone/Ext	Fax	Contact Person	
Requested Service - Please Include supporting chart notes, Diagnostic tests & Lab Values when appropriate.			
<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"/> Predetermination	<input type="checkbox"/> Out of Network
<input type="checkbox"/> Wound Care	<input type="checkbox"/> Administration of Medication	<input type="checkbox"/> Durable Medical Equipment	<input type="checkbox"/> Other
<input type="checkbox"/> Clinical Trial	<input type="checkbox"/> Commercial	<input type="checkbox"/> Medicare	No Auth. required for CMS approved clinical trials –Medicare only.
Diagnosis: ICD Code and Description			
Code	Code	Code	
Description	Description	Description	
Procedure: CPT Code/HCPCS and Description			
Code	Description		
Code	Description		
Code	Description		
Provide additional information or changes to be made to an existing authorization below:			